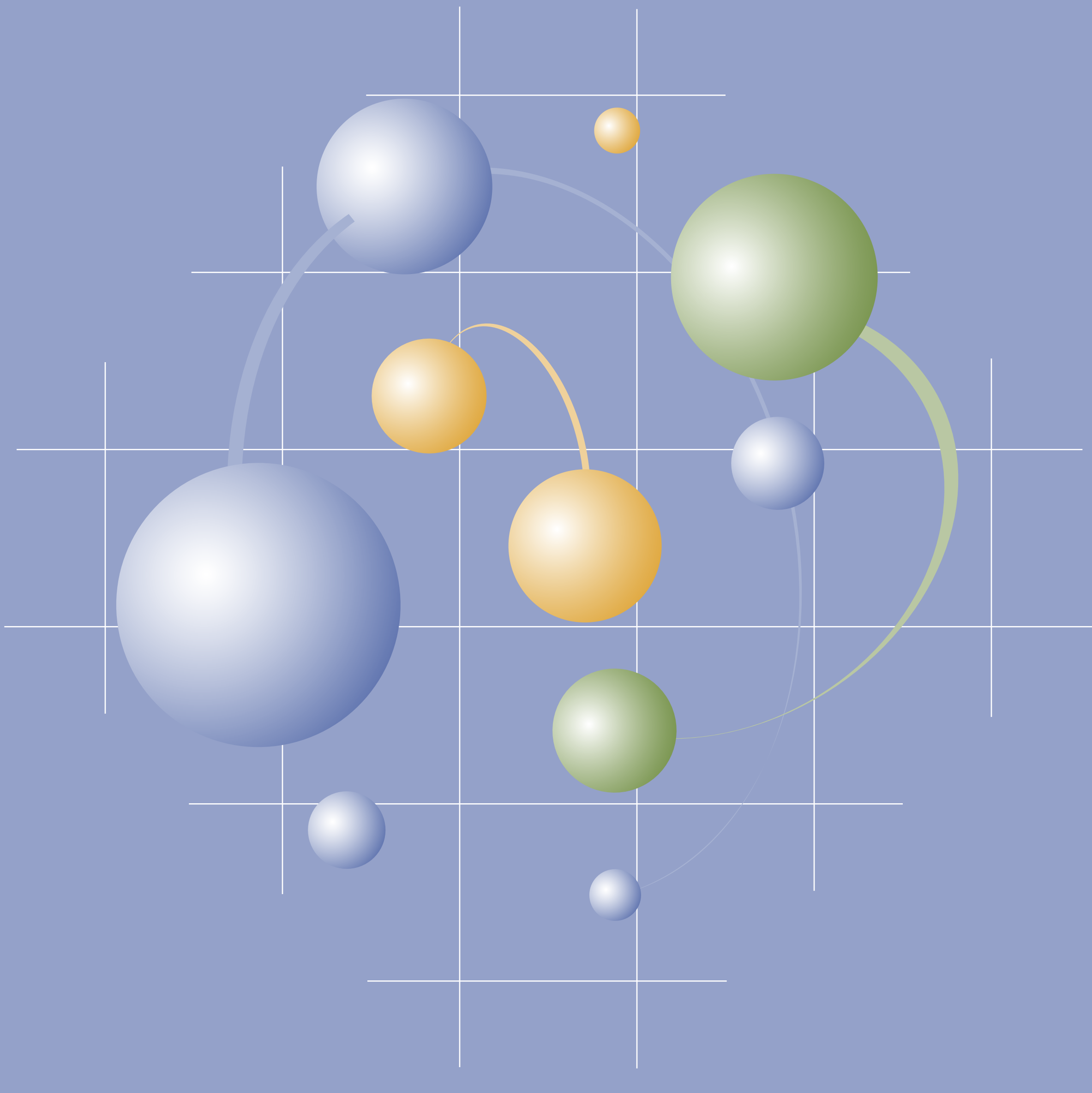
Youth Peer Education Toolkit

Training of Trainers Manual



Y-PEER
Youth Peer Education Network

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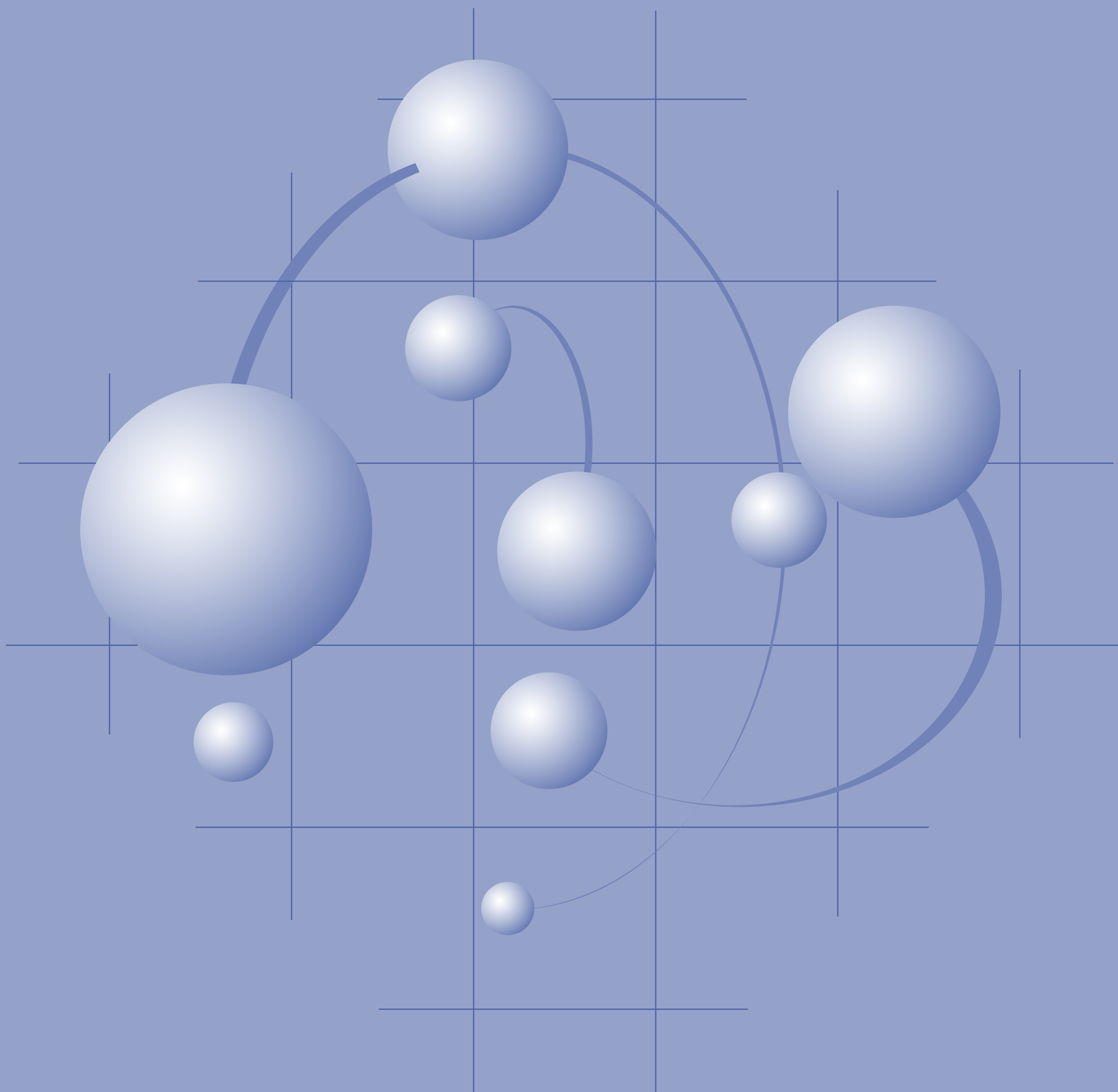
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This publication was made possible through a contribution from the United Nations Population Fund (UNFPA) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) Unified Budget Workplan, with separate funding from the U.S. Agency for International Development (USAID) to Family Health International (FHI)/YouthNet, and with support from the World Health Organization (WHO)/ Europe.

UNFPA is an international development agency that promotes the right of every woman, man, and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect.

The Y-PEER Programme has worked since 2001 with country partners to build the capacity of national non-governmental organizations and governments to implement, supervise, monitor, and evaluate peer education programmes to prevent HIV/AIDS and improve reproductive health. The Y-PEER initiative has been spearheaded by UNFPA in partnership with FHI/YouthNet, the United Nations Children's Fund (UNICEF), and others. Y-PEER, launched in 27 countries of Eastern Europe and Central Asia, is now spreading to other regions of the world, including the Arab states, Africa, and Latin America.

YouthNet is a five-year programme funded by the U.S. Agency for International Development (USAID) to improve reproductive health and prevent HIV among young people. The YouthNet team is led by FHI and includes CARE USA and RTI International. This publication is funded in part through the USAID Cooperative Agreement with FHI for YouthNet, No. GPH-A-00-01-00013-00. The information contained in the publication does not necessarily reflect FHI or USAID policies.

United Nations Population Fund and Youth Peer Education Network (Y-PEER)
220 East 42nd Street, 18th Floor
New York, NY 10017, USA

Family Health International/YouthNet
2101 Wilson Boulevard
Arlington, VA 22201, USA

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The core team of authors for the 2003 edition included Robert Zielony, Greta Kimzeke, Srdjan Stakic, and Maria de Bruyn. Aleksandar Bodiroza provided overall guidance, and Sue Pfiffner was the consulting editor. Special thanks are owed to the reviewers: David Clarke, United Nations Educational, Scientific, and Cultural Organization (UNESCO); Hally Mahler, Family Health International (FHI)/YouthNet; and Alanna Armitage, UNFPA.

The first edition of this manual was used extensively for two years in 27 countries across Eastern Europe and Central Asia and was translated into 15 languages, including Arabic. Development of the contents of this manual benefited from the enthusiasm of and feedback from all peer educators who participated in the regional and subregional training workshops implemented by the IAG from 2001 through 2003 in Eastern Europe and Central Asia, where the training activities described in this manual were field tested.

The IAG is a United Nations inter-agency technical support group working to ensure that comprehensive rights-based approaches are used to support young people's health and development. Formed in June 1999, IAG is composed of staff from the Joint United Nations Programme on HIV/AIDS (UNAIDS) Secretariat, UNFPA, U.N. Drug Control Programme (UNDCP), U.N. Development Programme (UNDP), the World Health Organization (WHO), and the World Bank.

This second edition of the manual has been revised based on feedback from trainers and participants and adapted to the needs of an even broader audience of peer educators. The manual is part of a package of peer education materials developed under the Youth Peer Initiative that will be made available through a partnership with UNFPA and FHI/YouthNet.

Revisions and adaptations were coordinated and conducted by Marija Vasileva-Blazev (FHI/YouthNet). The content was revised by, in alphabetical order: Aleksandar Bodiroza (UNFPA); Hally Mahler, Maxwell Marx, Maryanne Pribila, Jane Schueller, and Shyam Thapa (FHI/YouthNet); and Greta Kimzeke, independent consultant. Aleksandar Bodiroza and Hally Mahler provided technical oversight and guidance. Other reviewers included Tonya Nyagiro FHI/YouthNet and Mahua Mandal of the U.S. Agency for International Development.

Contributing to the production process from FHI were Suzanne Fischer, editing; William Finger, production coordination; and Karen Dickerson, design assistance and copyediting. Design and layout were done by Dick Hill, HillStudio.

Introduction

Since the inception of Y-PEER in 2001, UNFPA, Family Health International/YouthNet, and United Nations partners (UNICEF, WHO, and UNESCO) have worked to build the capacity of local non-governmental organizations (NGOs) to design, implement, supervise, monitor, and evaluate peer education programmes in Eastern Europe and Central Asia. The programme has focused on reinforcing the status and credibility of peer education. It has also promoted a comprehensive and multisectoral response to reducing the vulnerability of young people to HIV/AIDS and sexually transmitted infections (STIs) and to empowering them to become active partners in efforts to stem the pandemic.

Peer education is important for youth reproductive health and HIV prevention programmes for many reasons, including:

- Peers are traditional providers of information to their peers. Young people tend to talk with their peers about most subjects, including sensitive issues such as reproductive health and HIV/AIDS.
- Peer education programmes are community-based. Peer education programmes tend to be quite flexible, rooted in the realities of individual communities, and they can be used in a variety of settings and in combination with other activities and programmes.
- Peer education programmes can provide strong benefits to peer educators themselves. Peer education programmes allow for direct participation of young people in programmes designed to affect them, thereby promoting positive life skills such as leadership and communication and creating opportunities for mentoring and future job contacts.
- Peer education programmes can be economical. Although the costs of peer programmes are often underestimated, these activities can be implemented economically, especially as part of a larger system with management, supervisory, and monitoring systems already in place.

Evaluations of peer education programmes, including those with rigorous designs, have found that peer education programmes have led to increased levels of knowledge and reports of positive sexual behaviours, including increased condom use to prevent HIV/AIDS, modern contraceptive use at last sex, STI care-seeking behaviours, and intention to delay first sexual intercourse.

Since the beginning of Y-PEER, the initiative has expanded through face-to-face training, NGO capacity-building, the development of training tools, the development of local and regional networks, and the development and

implementation of the Y-PEER online community (*www.youthpeer.org*). Due to numerous requests by local NGOs, in 2005, Y-PEER began the process of 'going global', beginning expansion into countries in the Middle East and Africa.

Y-PEER was established as a response to recommendations from a UNFPA-commissioned assessment of peer education efforts in Eastern Europe and Central Asia. The assessment found that hundreds of peer-education-related manuals were available in the region; however, they primarily provided medical information about sexual and reproductive health, including HIV/AIDS. Few discussed the logistics of recruitment and supervision of peer educators, the sustainability of peer education initiatives, the specific needs of diverse youth target audiences, the theory behind behaviour change interventions, or comprehensive approaches to behaviour change. Few provided information for peer educators on how to reach their peers or how to organize, monitor, report, and improve their work.

The *Training of Trainers Manual* was developed to fill these gaps. It provides a comprehensive training programme that can be used by 'master' level peer educators and trainers. Activities were developed based on experience in the field during subregional workshops, on evidence from the literature, and from successful Y-PEER peer education programmes. The manual uses participatory techniques based on a variety of theoretical frameworks to ensure that future trainers of peer educators are skilled and confident in their abilities to train peer educators and serve as informed resources for their peers. It also explains how the work of peer educators fits within a systematic approach to behaviour change on individual and societal levels. Special attention is given to gender and cultural sensitivity and to youth participation in health education.

This training curriculum focuses on sexual and reproductive health and the prevention and management of HIV, other STIs, and substance abuse. However, this training programme does not – and cannot – claim to cover all possible variations of these themes. To supplement the training of peer educators, Y-PEER has created an interactive CD-ROM and web-based training tool with technical, detailed information about HIV/AIDS and reproductive health.

Contents of the manual

This new edition of the manual has been revised with updated content and adapted for an international audience. Trainers are encouraged to adapt exercises as needed for their own projects.

The manual is composed of four main sections:

- **Section 1. From Theory to Practice in Peer Education** reviews the definition of peer education and its rationale and value in the context of different behaviour change theories and models.
- **Section 2. Guidelines for Training of Trainers: A Curriculum** provides the outline of a suggested six-day training of trainers (TOT) workshop. For each of the training topics, the curriculum provides appropriate training exercises and notes. The exercises are described in detail so that they can be reproduced easily in future trainings.
- **Section 3. A Sample Peer Education Session on HIV/AIDS** presents an example of a peer education activity for use in the field. It describes a three- to four-hour HIV/AIDS education session that can be presented to a group of adolescents.
- **Section 4. Participant Handouts** includes 20 handouts that are used in the six-day training.

Several annexes are included as well. A catalogue of selected resources contains guidelines on peer education, research resources, training manuals, resource guides, peer education journals, and a list of useful websites. The annexes also include samples of additional training exercises.

This second edition of the *Training of Trainers Manual* is part of an expanded *Youth Peer Education Toolkit* that includes:

- *Standards for Peer Education Programmes*
- *Theatre-Based Techniques for Youth Peer Education: A Training Manual*
- *Performance Improvement: A Guide for Managers*
- *Assessment Tool for Youth Peer Education Programmes*

Who should use this manual?

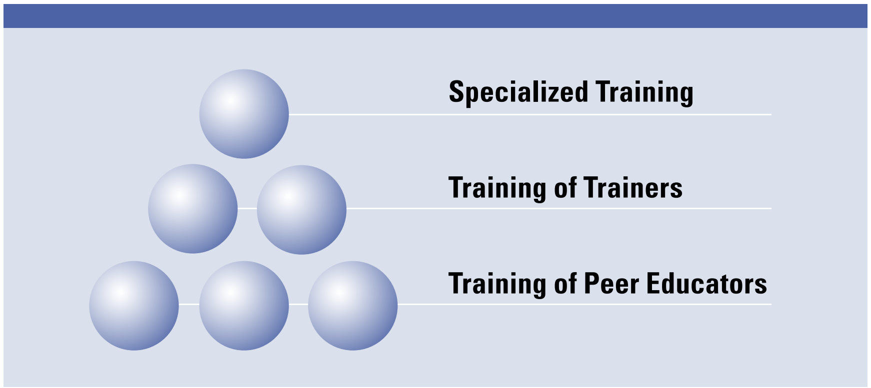
This manual can be used by anyone seeking to provide higher level training to experienced peer educators on issues related to the design, implementation, and evaluation of peer education programmes. It is important to note that while this manual was created for the Y-PEER Initiative, it can easily be used and adapted by any experienced peer educators. Also, although the scope of Y-PEER's work is in sexual and reproductive health and HIV/AIDS prevention, the methodology described in detail in this publication can be adapted to fit any health-related topic where education, awareness, or change of behaviour is desired, such as programmes on violence, dietary habits, and so on. Although the primary audience of Y-PEER is young people (ages 10 to 24), the methodology of peer education can be used with any age group in almost any cultural setting.

Within the Y-PEER Initiative, the manual is intended to be used by experienced trainers of peer educators, sometimes called 'master' or advanced trainers.

In general, these are current or former peer education trainers who have demonstrated commitment and excellence in their work. They have conducted trainings and would benefit from more detailed knowledge about peer education, training skills, and management of peer educators. Some portions of this manual may also be used by peer educators themselves.

Y-PEER training model

Y-PEER uses a pyramid training model, which empowers youth to pass on knowledge, skills, and practical expertise as new young people join a peer education programme. This model also provides a system for continuous training and recognizes commitment and excellence of individuals.



Training of peer educators provides the foundation of the initiative. Trainings take place locally and often begin by introducing new information and skills necessary to conduct outreach to peers in their community. Although it may start with a workshop, this training is not a one-time event. The ultimate purpose of ongoing training and supervision is to improve the ability of peer educators to provide accurate information and confidently influence their peers in a positive way.

Training of trainers, the next step in the pyramid model, prepares future trainers of peer educators, those individuals who exhibit skills and commitment to peer education. These trainings provide more in-depth information about peer education training techniques and theory. They enable trainers to explore ways to recruit and supervise peer educators, monitor their work, and manage small groups of peer educators as part of a larger programme. This manual provides a curriculum for this level of training. These trainings give even more in-depth information on relevant topics, such as youth participation, retention of peer educators, or the needs of especially vulnerable young people.

Specialized training, the top of the pyramid, is designed for more experienced trainers, or 'master trainers', to receive additional training in the same content areas as covered in the training of trainers level, as well as more attention to training techniques. These master trainers, in turn, support less experienced trainers and peer educators. They are encouraged to hold refresher workshops to pass on new and pertinent information and skills.

Section 1

From Theory to Practice in Peer Education

1 From Theory to Practice in Peer Education

What is peer education?

In the context of this manual, peer education is the process whereby well-trained and motivated young people undertake informal or organized educational activities with their peers (those similar to themselves in age, background, or interests). These activities, occurring over an extended period of time, are aimed at developing young people's knowledge, attitudes, beliefs, and skills and at enabling them to be responsible for and to protect their own health.

Peer education can take place in small groups or through individual contact and in a variety of settings: schools, universities, clubs, churches, workplaces, street settings, shelters, or wherever young people gather.

Examples of youth peer education activities include:

- Organized sessions with students in a secondary school, where peer educators might use interactive techniques such as game show quizzes, role plays, or stories
- A theatre play in a youth club, followed by group discussions
- Informal conversations with young people at a discotheque, where they might talk about different types of behaviour that could put their health at risk and where they can find more information and practical help

Peer education can be used with many populations and age groups for various goals. Recently, peer education has been used extensively in HIV/AIDS prevention and reproductive health programmes around the world.

Word sense

A **peer** is a person who belongs to the same social group as another person or group. The social group may be based on age, sex, sexual orientation, occupation, socio-economic or health status, and other factors.

Education refers to the development of a person's knowledge, attitudes, beliefs, or behaviour as a result of the learning process.

Why peer education?

A young person's peer group has a strong influence on the way he or she behaves. This is true of both risky and safe behaviours. Not surprisingly, young people get a great deal of information from their peers on issues that are especially sensitive or culturally taboo. Peer education makes use of peer influence in a **positive** way.

The credibility of peer educators within their target group is an important base upon which successful peer education can be built. Young people who have taken part in peer education initiatives often praise the fact that information is transmitted more easily because of the educator's and the audience's shared background and interests in areas such as music and popular celebrities, use of the language, family themes (e.g., sibling issues, the struggle for independence), and role demands (e.g., student, team member). Youth peer educators are less likely to be seen as authority figures 'preaching' from a judgemental position about how others should behave. Rather, the process of peer education is perceived as receiving advice from a friend 'in the know' who has similar concerns and an understanding of what it is like to be a young person.

Peer education is also a way to empower young people; it offers them the opportunity to participate in activities that affect them and to access the information and services they need to protect their health.

The theoretical base for peer education

When undertaking a peer education programme, the objectives are often to reinforce positive behaviours, to develop new recommended behaviours, or to change risky behaviours in a target group.

Why and how do people adopt new behaviours? The fields of health psychology, health education, and public health provide relevant behavioural theories that explain this process. It is important to be aware of these theories, because they provide a theoretical base that explains why peer education is beneficial. Moreover, these theories can help guide the planning and design of peer education interventions.

The following theories and models of behaviour change are of particular relevance for peer education.

Theory of reasoned action

This theory states that the intention of a person to adopt a recommended behaviour is determined by:

- A person's subjective beliefs, that is, his or her own attitudes towards this behaviour and his or her beliefs about the consequences of the behaviour. For example, a young woman who thinks that using contraception will have positive results for her will have a positive attitude towards contraceptive use.
- A person's normative beliefs, that is, how a person's view is shaped by the norms and standards of his or her society and by whether people important to him or her approve or disapprove of the behaviour.

> ***In the context of peer education,*** this concept is relevant because young people's attitudes are highly influenced by their perception of what their peers do and think. Also, young people may be motivated by the expectations of respected peer educators.

Social learning theory

This theory is largely based upon the work of psychologist Albert Bandura. He states that people learn:

- Through direct experience.
- Indirectly, by observing and modelling the behaviour of others with whom the person identifies (for example, how young people see their peers behaving).
- Through training that leads to confidence in being able to carry out behaviour. This specific condition is called self-efficacy, which includes the ability to overcome any barriers to performing the behaviour. For example, using role plays to practise how and when to introduce a condom can be important in developing the self-confidence to talk about safer sex methods with a partner.

> ***In the context of peer education,*** this means that the inclusion of interactive experimental learning activities are extremely important, and peer educators can be influential teachers and role models.

Diffusion of innovations theory

This theory argues that social influence plays an important role in behaviour change. The role of opinion leaders in a community, acting as agents for behaviour change, is a key element of this theory. Their influence on group norms or customs is predominantly seen as a result of person-to-person exchanges and discussions.

> ***In the context of peer education,*** this means that the selected peer educators should be trustworthy and credible opinion leaders within the target group. The opinion leader's role as educator is especially important in informal peer education, where the target audience is not reached through formally planned activities but through everyday social contacts.

Theory of participatory education

This theory states that empowerment and full participation of the people affected by a given problem is a key to behaviour change.

> ***In the context of peer education,*** this means that many advocates of peer education believe that the process of peers talking among themselves and determining a course of action is key to the success of a peer education project.

Health belief model

The health belief model was developed in the early 1950s by social psychologists Godfrey Hochbaum, Stephen Kegels, and Irwin Rosenstock. It was used to explain and predict health behaviour, mainly through **perceived susceptibility, perceived barriers,** and **perceived benefits.**

This model suggests that if a person has a desire to avoid illness or to get well (value) and the belief that a specific health action would prevent illness (expectancy), then a positive behavioural action would be taken with regards to that behaviour.

> ***In the context of peer education,*** this means that the health belief model's most relevant concept is that of perceived barriers, or a person's opinion of the tangible and psychological costs of the advised action. In this regard, a peer educator could reduce perceived barriers through reassurance, correction of misinformation, incentives, and assistance. For example, if a young person does not seek health care in the local clinic because he or she feels that his or her confidentiality is not respected, the peer educator may provide information on a youth-friendly service, thus helping to overcome the barrier to accessing proper health care.

Social ecological model for health promotion

According to this model, behaviour is viewed as being determined by the following:

- Intrapersonal factors – characteristics of the individual such as knowledge, attitudes, behaviour, self-concept, and skills
- Interpersonal processes and primary groups – formal and informal social networks and social support systems, including the family, work group, and friendships
- Institutional factors – social institutions with organizational characteristics and formal and informal rules and regulations for operation
- Community factors – relationships among organizations, institutions, and informal networks within defined boundaries
- Public policy – local, state, and national laws and policies

This theory acknowledges the importance of the interplay between the individual and the environment, and considers multilevel influences on unhealthy behaviour. In this manner, the importance of the individual is de-emphasized in the process of behavioural change.

> ***In the context of peer education,*** this means that it is important to recognize that peer education is just one piece of the puzzle. While peer education can be an important intervention to affect intrapersonal and interpersonal change, in order to be successful, peer education activities must be coordinated with other efforts designed to influence institutions, communities, and public policy.

IMBR model: information, motivation, behavioural skills, and resources

The IMBR model addresses health-related behaviour in a way that can be applied to and across different cultures. It focuses largely on the **information** (the 'what'), the **motivation** (the 'why'), the **behavioural skills** (the 'how'), and the **resources** (the 'where') that can be used to target at-risk behaviours. For example, if a young man knows that using condoms properly may prevent the spread of HIV, he may be motivated to use them and know how to employ them correctly, but he may not be able to purchase or find them. Thus, the concept of resources is important to this model.

In the context of peer education, this means that a programme that does not have a comprehensive approach including all four IMBR concepts probably lacks essential components for reducing risk behaviour and promoting healthier lifestyles. A programme might, for example, explain to young people the need for contraception and describe contraceptive methods but might omit demonstrating their proper use. Participants would then be informed about what to do but not how to do it. Other programmes might inform participants of the what and the how of certain healthy behaviours but not give them strong emotional or intellectual reasons as to why they would want to practise such behaviours. Although resources can be considered part of 'information', it is important to provide young people with information about where to access appropriate resources or services beyond the scope of peer education sessions. Such resources might include, for example, youth-friendly clinics, counselling services, HIV/STI and pregnancy testing and care programmes, and other sources of commodities (e.g., condoms and contraceptives).

Translating theory into practice

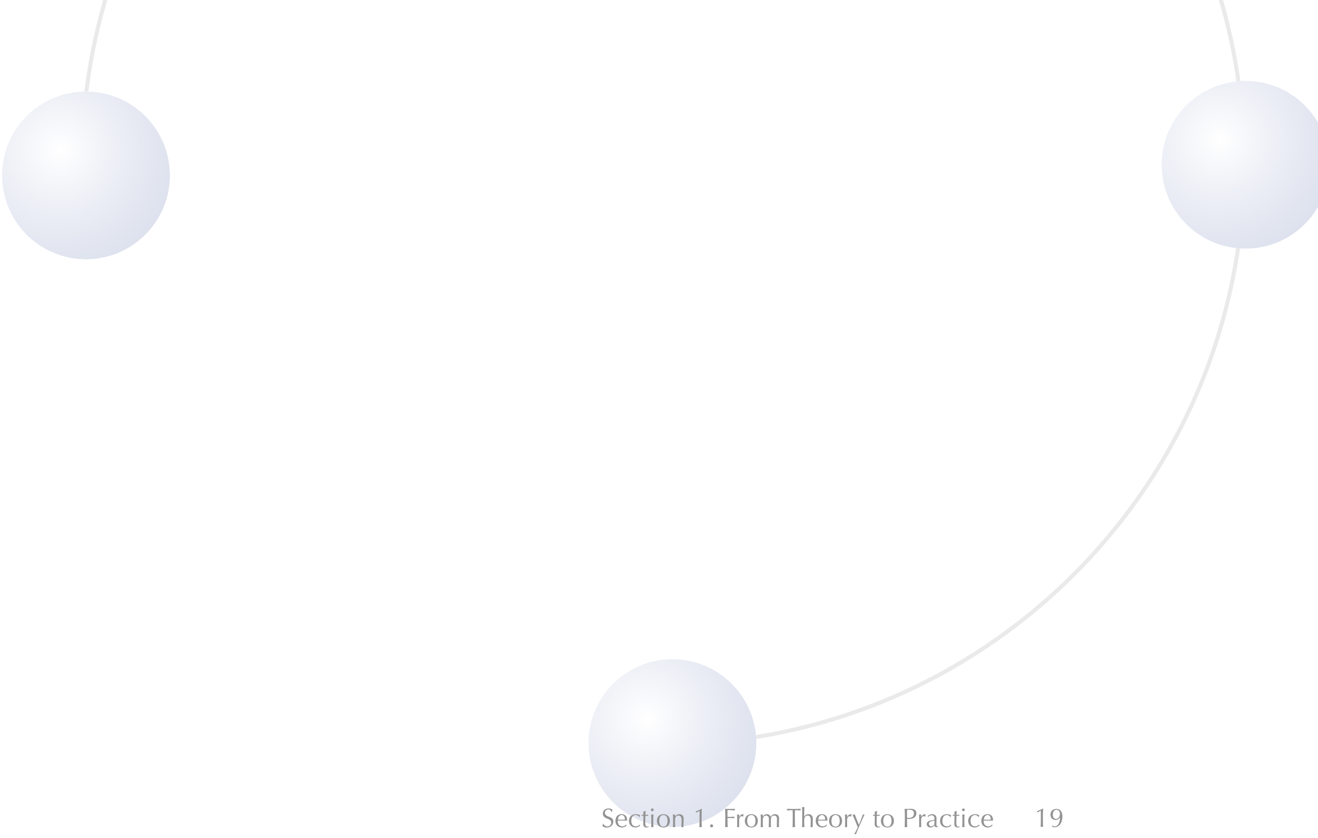
Whether you are implementing a training of trainers (TOT) workshop, training of peer educators, or peer education sessions with the target population, there are some basic methodological considerations for translating the theory into practice. Most important are experiential learning (learning based on experience and observation) and use of interactive methodologies, including drama.

Experiential learning

Tell me … I forget, show me … I remember, involve me … I understand.
Ancient Proverb

'Involving' participants in a training workshop in an active way that incorporates their own experience is essential. Such experiential learning gives the trainees an opportunity to begin developing their skills and to receive immediate feedback. It also gives them the opportunity to participate in many of the training exercises and techniques first-hand, before they engage other peer educator trainees in such exercises.

The TOT approach proposed in this manual is based upon an experiential learning model with highly interactive techniques. The model includes four elements: **participation, reflection** on the experience, **generalization** (lessons learned), and **application** of lessons learned. It can be summarized in a diagram as follows:



Direct Experience

Participation
(Trainer introduces the activity/exercise and explains how to do it)

Trainees participate in:
- Brainstorming
- Role play and story-telling
- Small-group discussion
- Case studies
- Games and drawing pictures

Reflection
Thoughts/Feelings
(Trainer guides discussion)

Trainees participate in:
- Answering questions
- Sharing reactions to activity
- Identifying key results

Generalization
Lessons Learned
(Trainer gives information, draws out similarities and differences, summarizes)

Trainees participate in:
- Presenting their results and drawing general conclusions

Application
Next Steps
(Trainer gives suggestions)

Trainees discuss:
- How the knowledge/skills can be useful in their lives
- How to overcome difficulties in using knowledge/skills
- Plan follow-up to use the knowledge/skills

Use of role plays and other theatre-based techniques

Peer education uses a range of interactive techniques, including brainstorming, small-group discussions, case studies, and game show quizzes. Another commonly used and highly interactive approach involves using theatre-based techniques, including role plays. Realistic theatre pieces and role plays can help achieve several major objectives of a health education programme. They can:

- **Provide information.** Role plays and other theatre techniques provide an attractive way to deliver information through humour and true-to-life drama. It permits educators to dramatize the myths that people spread and show how to break them down. In a role play, people can explore problems that they might feel uncomfortable about discussing in real life.
- **Create motivation.** Theatre techniques can effectively dramatize external situational pressures and difficult psychosocial situations that sometimes result from poor decision-making and risk behaviour. For example, they can bring to life the realities of getting an unwanted positive pregnancy test result or testing positive for a sexually transmitted infection (STI), including HIV. They can demonstrate the difficulties of having to disclose sensitive and painful information to a loved one or partner. Strong theatre engages the hearts and minds of the audience and can motivate them to change their attitudes.
- **Build skills.** Role playing and other theatre techniques have the potential to shape behaviour by demonstrating various skills, such as negotiation, refusal, decision-making, and practical expertise, such as how to use a condom correctly.
- **Make a link to resources.** Theatre techniques can provide opportunities to inform the audience about services that exist in the community, whether these services are accessible to young people, and whether staff will respect their right to confidentiality.

For all these reasons, mature peer education programs should dedicate sufficient time to using theatre techniques, including role plays, and to training peer educators in basic acting skills. For more guidelines on theatre-based techniques, including role plays, see Section 2, page 48.

Peer education as a youth-adult partnership

Peer education, when done well, is an excellent example of a youth-adult partnership. Successful peer education is indeed about young people and adults working together to achieve the goals of a programme.

Youth-adult partnerships arise from the conviction that young people have a right to participate in developing the programmes that serve them and a right to have a voice in shaping the policies that will affect them. In addition, youth participation can help achieve stronger program outcomes. In the reproductive health and HIV/AIDS fields, the goal is to show that increased youth participation can help lead to such outcomes as improved knowledge, attitudes, skills, and behaviours. While a rights-based approach is the underpinning of youth-adult partnerships, this effort should also achieve improved program results.

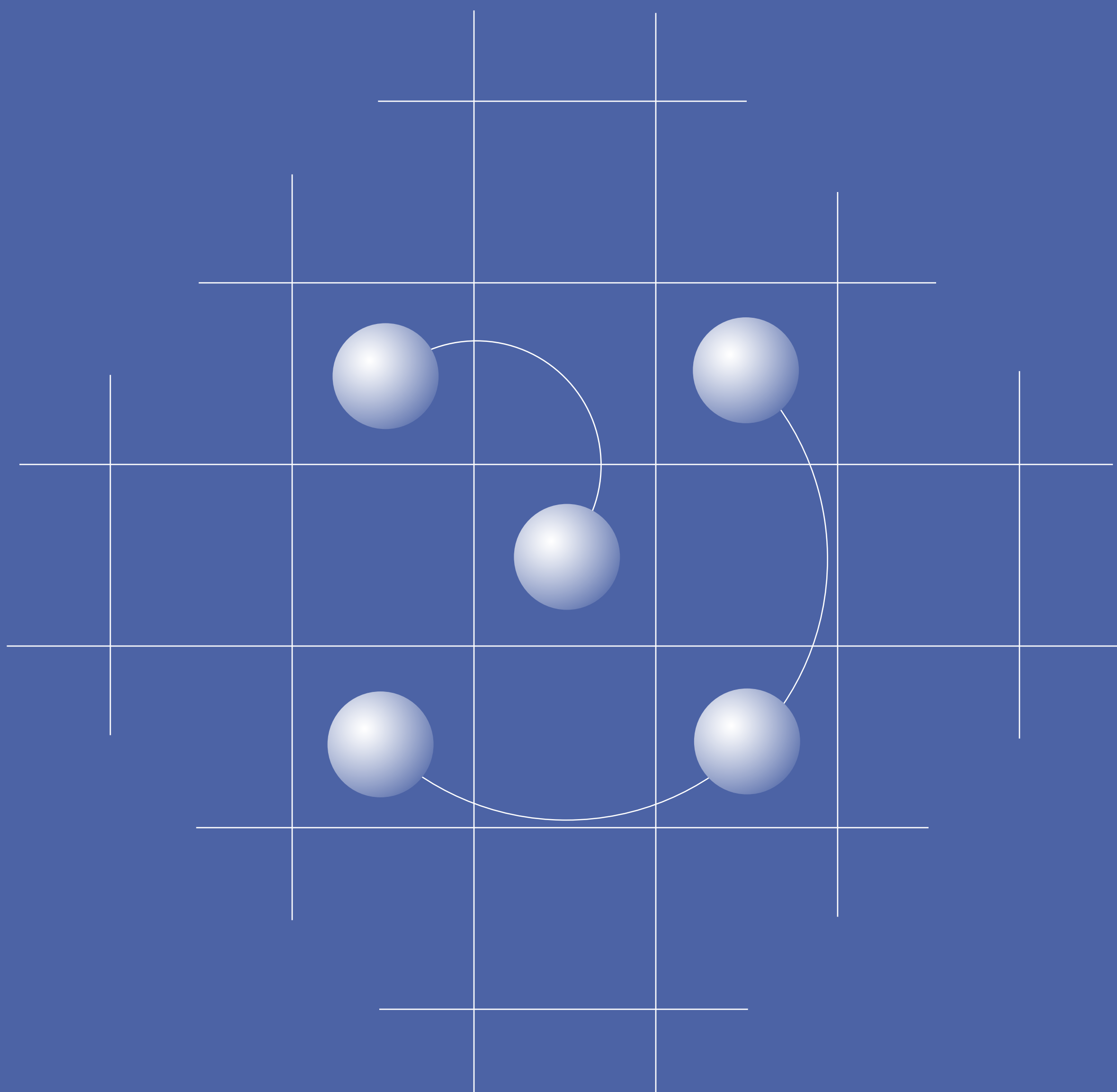
Youth participation can help achieve better program outcomes for the young people involved with an organization, for the adults in the organization, for the target audiences of young people and providers, and for the community as a whole. The target group's full involvement in the development of the programme contributes to the programme's sustainability and effectiveness. Youth participation ensures that the programme responds to the specific needs and concerns of the target group and that the approaches used are interesting and engaging. The core elements of an effective youth-adult partnership are addressed in the training curriculum in Section 2, page 116.

Peer education as a piece of the puzzle

Peer education is one part of the complex puzzle of improving young people's sexual and reproductive health by preventing HIV, STIs, substance use, and other health concerns. Peer education programmes must be well coordinated within a much larger context of the policy environment, health-care services, and other intervention approaches. Peer education, standing alone, will not make significant impacts on young people's attitudes and behaviours. Successful peer education programmes work hard to build linkages with other organizations to complement each other and refer to each other as necessary. In this way, peer education should be part of a comprehensive approach and a community-wide effort. For example, peer education can complement efforts to create more favourable policies for young people's access to contraception, skills-based health education led by teachers, a program that encourages abstinence and partner reduction for youth, a condom promotion media campaign, the work of staff in health clinics, or the efforts of social workers to reach vulnerable young people out of school.

Section 2

Guidelines for Training of Trainers: A Curriculum



2 Guidelines for Training of Trainers: A Curriculum

How to use this training of trainers curriculum

This six-day training of trainers (TOT) curriculum is designed for approximately 25 participants (see page 26 for an overview of the agenda). Trainees can use the material and exercises in this curriculum when designing future TOT workshops. In addition, as noted in the description of each exercise, some of them may be suitable for the training of peer educators and for field work, where peer educators work with target groups of young people.

The exercises that follow might also be used in refresher trainings. Once trained, trainers need continuing support, including further training. This provides a way to help trainers stay aware of new material and sharpen their training skills.

Many topics and techniques described in this curriculum are accompanied by **training notes**. These provide information to help trainers understand why a topic is important or how specific techniques will contribute to the objectives of the peer education training of trainers.

Key components of a training of trainers workshop

Each peer education TOT will be unique and should be flexible enough to meet the needs of each group of participants. Even so, these trainings should include the following key components:

- **Rationale for peer education, including its benefits and barriers.** It may seem reasonable to expect that future trainers of trainers are familiar with the practice of peer education. However, it is essential to ensure at the start of training that trainees not only understand the concept and benefits of this approach, but are also aware of its limitations or pitfalls.
- **Background knowledge about skills-based health education and behaviour change interventions.** Peer education clearly goes beyond information sharing, into the realm of behaviour change. It is essential that trainees learn the principles of comprehensive, skills-based health education and behaviour change interventions and understand how they relate to peer education.
- **Basic knowledge of the programme's technical content.** A trainer of trainers needs basic knowledge about the health issues that the programme addresses. Whenever questions related to the programme's content arise – whether during

training or when supervising peer educators in their field work – the trainer should be capable of responding adequately.

- **Exploration of personal values about the health issues being addressed, including attitudes towards gender-based norms and biases.** Trainers of trainers must recognize their own values and biases so they can help the trainees begin to understand their own. It is difficult to lead a group through a process of self-awareness without having already done this same work oneself.
- **Methodologies for skills building, such as role play.** Building skills is an essential part of peer education. A good peer education programme will include role plays and other theatre-based techniques as an approach to developing skills. However, delivering constructive, believable theatre and role plays requires some training.
- **Communication and group-work skills.** Facilitating a training course and working interactively with a group of trainees requires a thorough knowledge of communication techniques. Future trainers must be able to serve as a model for communication and group work, since the best training is conducted by example.
- **Basic guidelines for planning, implementing, monitoring, and evaluating peer education programmes.** Planning and implementing a peer education programme is not just the responsibility of the project manager. It is essential that all those involved in the programme, including the trainer and the peer educators, have a basic understanding of processes such as needs assessment or monitoring and evaluation. Future trainers also need solid guidelines on how to select, supervise, and support peer educators.
- **Strategies for outreach to vulnerable young people.** Peer education can be used either as an educational approach among mainstream youth or as an outreach approach to reach groups of especially vulnerable young people. Future trainers of trainers need to be able to inform the trainees about the challenges of reaching vulnerable populations (legal, ethical, and logistical issues) and specific techniques for working with them.
- **Information about peer education resources.** Trainers need to be familiar with resources that can complement their knowledge of peer education, such as peer education training guides, textbooks on peer education and behaviour change, and resources on content areas of peer education (e.g., reproductive health, STIs and HIV/AIDS, or information on drugs). A TOT workshop should offer opportunities to explore these resources.
- **Information about youth health services.** Peer education programmes do not operate in a vacuum, but instead are components of a larger framework of resources. Trainers should be aware of the clinics, information sources, pharmacies, and supportive services available in their area and should include this information as part of a comprehensive peer education programme. They

should instruct both peer educators and other members of the community about how to access these resources.

A sample six-day training of trainers workshop

The **overall objective** of the training of trainers workshop described here is to build the capacity of peer education trainers to design and deliver a peer education training programme.

The **specific objectives** of the workshop are to enable participants to:

- Better understand the concepts of skills-based health education and related peer-led health education methodologies
- Acquire accurate information about reproductive and sexual health issues, including HIV/AIDS
- Discuss their own attitudes and values regarding youth health education
- Develop interpersonal and group communication skills
- Acquire the skills to facilitate a range of interactive methodologies used in the training of peer educators
- Acquire basic knowledge in peer education programme development

The **expected outcome** of this training is the development of confident, competent peer education trainers with the skills to design and implement a training programme for peer educators.

The **expected time** needed may vary from training to training. The topics and exercises presented here are organized into day-long sessions. There are flexible amounts of time allocated, so no exact timetable is presented for each day. A trainer should review the material ahead of time and plan the amount of time that fits the needs of the particular training.

The workshop agenda: an overview

Day I

Workshop opening, introductions, expectations, pre-test questionnaire, selection of daily feedback teams

Introduction to icebreakers, warm-ups, and energizers

Setting ground rules

Peer education – theory and practice

Using topic lead-ins in training programmes

Introduction to public speaking

Introduction to team building and trust building

Use of role play

Wrap-up

Day 2

Stretching and warm-up

Feedback on Day 1

Icebreaker and team-building exercise

Techniques for sharing information

Techniques for exploring values and attitudes

Gender awareness and sensitivity

Wrap-up

Day 3

Stretching and warm-up

Feedback on Day 2

Icebreaker/warm-up exercise

Techniques for building skills

Motivational tools and techniques

Role play again

Wrap-up

Day 4

Stretching and warm-up

Feedback on Day 3

Trust building

Working with especially vulnerable youth

Wrap-up

Group excursion (optional)

Day 5

Stretching and warm-up

Feedback on Day 4

Team building

Co-facilitation skills

Recruitment and retention of peer educators

Counselling versus education

Wrap-up

Day 6

Stretching and warm-up

Feedback on Day 5

Icebreakers suggested by participants

Monitoring and evaluation

Youth-adult partnerships in action

Wrap-up

Closing ceremony

Getting started

Workshop opening
Introduction of trainers and participants
Pre-test questionnaire
Introduction to the training methodology
Participants' expectations and concerns
What to expect during this week
Selection of daily feedback teams

Training Topic: Introduction to icebreakers, warm-ups, and energizers

- Pass the beat
- Ball toss name game

Training Topic: Setting ground rules

Training Topic: Peer education – theory and practice

- Peer education – what and why?
- Theory – practise it
- Information, motivation, behavioural skills, and resources

Training Topic: Using topic lead-ins in training programmes

- How careful are we with our health?

Training Topic: Introduction to public speaking

- Public-speaking skills
- Thirty seconds of fame

Training Topic: Introduction to team building and trust building

- Moving sculptures
- The human knot
- Aha, and I was there

Training Topic: Use of role play

- Role play revolution

Wrap-up

Getting Started

Workshop opening

The workshop starts with a brief welcome from the host organization. This gives organizers an opportunity to explain the purpose of the workshop and to give the participants any additional information about the training sessions or about special arrangements and housekeeping issues (for example, accommodations, meals, or excursions).

A welcome session can vary depending on the style of the host organization and on local traditions. Sometimes opening ceremonies are conducted along very traditional and formal lines. Trainers should try to avoid situations where the trainees have to sit through several speeches that are of little interest to them, resulting in boredom and concern about the format for the rest of the training. Trainers should make sure that the trainees are given a voice during this important first meeting. At the very least, the trainees should each be invited to introduce themselves to the whole group, stating their names and their home towns or organizations.

Introduction of trainers and participants

Members of the training team should introduce themselves and briefly tell the participants about their background and training, emphasizing their enthusiasm for the opportunity to work with this group.

Members of the training team should include:

- Males and females, to model equal participation and promote gender sensitivity in the programme
- Experts in areas relevant to the focus of the peer education programme, such as medical doctors who treat HIV-positive patients or counsellors with experience in gender-based violence and substance abuse
- Young women and men who have extensive experience in peer education
- Drama teachers, volunteer actors, or senior drama teachers, since theatre-based techniques play an important role in peer education

Word sense

In this manual, we refer to the **training team** both as trainers and as facilitators.

Training note

Trainers in a peer education workshop play several roles:

- Expert: the trainer transmits knowledge and skills, answers questions (or promises to obtain information later), and clarifies misconceptions.
- Socializing agent: the trainer strives to share values and ideals – for example, that adolescents and adults should treat both female and male peers as equals and take responsibility for promoting gender equity.
- Facilitator: the trainer leads the sessions in such a way that participants are encouraged to participate fully in acquiring the new knowledge and skills introduced in the workshop.

Trainers can facilitate different types of learning:

- Learning about subject matter – for example, what is gender or sexual orientation?
- Learning about the relationship between the subject matter and real life – for example, how do gender roles affect adolescent boys' and girls' relationships?
- Learning how to apply knowledge acquired – for example, how can adolescents use their gender sensitivity to recognize and avoid health risks?

Group discussions play a major role in an interactive training programme. To lead group discussions effectively, facilitators will need various **facilitation skills.** They should know how to deal with different types of participants and uncomfortable discussions. More guidelines on facilitating group discussions can be found in the session on facilitation skills (Day 5, page 98).

Pre-test questionnaire

A pre-test is administered to participants to obtain a baseline level of knowledge, attitudes, and skills (or perceived skills) regarding the issues to be covered in this training. The facilitator should encourage the participants to answer the questions from their own perspectives. A sample pre-test questionnaire is provided in Annex 1.

A pre-test questionnaire, aimed at assessing the initial knowledge, attitudes, and skills of the trainees, is an evaluation tool similar to those used to evaluate the impact of an intervention within the target group of young people. Monitoring and evaluation is a significant aspect of quality control and sustainability of any programme. This issue will be further explored in a session on monitoring and evaluation on Day 6.

Introduction to the training methodology

The trainer explains very briefly the experiential and highly interactive training that will be used during the six-day session. This is a good time to invoke the old saying: Tell me … I forget, show me … I remember, involve me … I understand. Explain that this training will be one of 'involvement', of experiential learning, as explained in Section 1. The 'Direct Experience' diagram provided in that section (as well as in Handout 1) could be copied and distributed to the participants.

Participants' expectations and concerns

Participants are given an opportunity to speak about their expectations for the training session and to state any concerns regarding peer education that they would like to have addressed. Responses are recorded on a flip chart.

Assess which expectations are likely to be met in the course of the training workshop and which ones may go beyond its scope.

At the end of the workshop, a review of these initial expectations should be part of the evaluation.

What to expect during this week

The facilitator provides a brief explanation of the training team's expectations for a successful workshop, being sure to incorporate participants' expectations. The facilitator explains what will happen during the training sessions in the next few days, so that participants are aware of what to expect.

Selection of daily feedback teams

The facilitator explains that daily feedback from participants on all aspects of the training (not only on the content of the training, but also on organizational and logistical issues) allows the trainers to make changes as needed. She or he suggests appointing an evaluation team made up of two volunteers (called the 'eyes and ears') for each day of training. Their task will be to collect feedback from the group and report to the whole group the next morning.

Training note
Daily feedback is a useful tool for monitoring and evaluating the educational process, as is the pre-test questionnaire.

Training topic — Introduction to icebreakers, warm-ups, and energizers

Objectives of the session
To begin the process of getting to know each other in this workshop and to help participants understand the purpose of icebreakers and get experience using them.

Introduction
The trainer first introduces one of the icebreakers suggested in the exercises below and then leads a group discussion on the use of icebreakers, warm-up activities, and energizers in training and peer education sessions. If there is enough time, trainees could do a second exercise.

When a trainer first walks into a group, participants may not react favourably. By 'warming up' the group with enjoyable icebreakers or energizers, trainers help participants relax, be more responsive, and participate more positively.

Icebreakers are also essential for helping participants get to know each other and for relieving the initial tension that is to be expected among a new group of people. Subsequently, it is recommended that training sessions begin with warm-up activities and icebreakers.

> **Word sense**
>
> **Icebreakers** are activities that are undertaken at the beginning of an exercise to help people feel at ease.
>
> **Energizers** are activities used to stimulate and motivate participants during training sessions.

Icebreakers help the educators play and learn together and set the stage for continued training together. Warm-up activities are usually used to begin a session on a positive note or to 'recharge' if the group's energy seems to be low. Some groups begin with a simple stretching exercise to get warmed up. At other times, energizers may be introduced. Even when people are interested and concerned about the subject being covered, they can get tired and sleepy. Energizers give people a quick break and may add some humour, contributing to a positive group spirit.

Things to consider when using energizers

- Use energizers frequently during a training session, whenever people look sleepy or tired or to create a natural break between activities.
- Try to choose games that are appropriate for the local context. Think carefully, for example, about games that involve touch, particularly of different body parts.
- Try to select games in which everybody can participate and be sensitive to the needs and circumstances of the group. For example, some games may exclude people with disabilities.
- Try to ensure the safety of the group, particularly with games that involve running. For example, make sure that there is enough space and that the floor is clear.
- Try not to use only competitive games, but also include ones that encourage team building.
- Try to avoid energizers that go on too long. Keep them short and move on to the next planned activity when everyone has had a chance to move about and wake up.

Based on: *100 Ways to Energize Groups: Games to Use in Trainings, Meetings and the Community.* London: International HIV/AIDS Alliance, 2002.

Exercise: Pass the beat

5-10 minutes

Also suitable for training of peer educators and field work

Objectives

To help participants get to know each other and become aware of their dependence upon one another

To raise the group's energy

Materials

None

Process

Have all participants form a circle. To introduce the exercise, say: *'I am going to face and make eye contact with the person on my left, and we will try to clap our hands at the same moment* [demonstrate]*. Then, she or he will turn to the left and clap hands at the same time with the person next to her or him. We will "pass the beat" around the circle. Let's try it now and remember to make eye contact and try to clap at the same time.'*

The rhythm builds up and the facilitator can call out *'faster'* or *'slower'* to increase the speed. Once the handclaps have passed around the circle, say: *'Now we will try to make the rhythm go faster and faster. Always be ready, because we might send additional rounds of handclaps around the circle, chasing the first.*

The 'beat' begins to be passed around the circle, from one person to the next. Remind people to keep it going, even if it stops for a moment when someone misses the beat. When the first round of handclaps is well established, start a new round. Eventually there might be three or four beats going around the group at the same time. This will often result in an enjoyable, high-energy chaos with lots of laughter.

Closure

Briefly ask whether participants enjoyed the exercise. Ask the group to describe, without singling anybody out, what happens in an interdependent team game when a player drops the beat. Remind the group that, to get the best results when working as a team, everyone depends on the other team members.

Exercise: Ball toss name game

Objective To help participants learn each other's name while learning a simple metaphor for communication skills

30 minutes

Materials Paper rolled into lightweight balls – enough for each group of approximately 8 to 12 people to have 3 balls

Process

Ask participants to split into smaller groups (about 8 to 12 people in a group) and have each group stand in a circle. Make sure that the circles are positioned with a safety zone of one or two metres of space behind each group, in case the participants move backwards to try to catch a ball. Tell the participants: *'In this exercise, we will try to learn each other's names in the small groups.'* Start by getting everyone in the circle to say his or her name, one by one. Repeat this once or twice and remind the group to call out their names slowly and clearly so that the others have a chance to remember more names. Explain that, at the beginning, the person holding the ball will call out the name of someone in the group and then throw the ball to him or her. Demonstrate how this is done.

Also suitable for training of peer educators and field work (when played with a small group)

Continue to explain: *'The person who receives the ball makes eye contact with another group member, calls out that person's name, and tosses the ball to them. If you forget someone's name and want to be reminded of it, you can ask her or him to repeat it to you. If you like, you can even throw the ball back to the person who threw it to you.'*

Begin the game as described above. After a couple of minutes, when the participants start to remember several names, add a second ball and instruct the group to continue playing with the two balls. After a minute or so, introduce a third ball to the game. The group should then try to throw and catch the three balls, all the while calling out the receiver's name, 10 or 15 times without dropping the balls; if a ball is dropped, they must start counting again. All three balls must be used in the exercise.

When the ball throwing is done, ask how the players felt playing the game. Then begin to explore how throwing the ball from one person to another can be considered a metaphor for how we communicate as peer educators. Ask the group to consider what actions were necessary both to ensure that the game was successfully completed and to communicate well. These can include making eye contact, calling someone by name, making sure the person was ready to receive the ball (or message), throwing it (or talking) directly to the person, and not throwing it when another ball (or message) was coming in.

Closure

Point out how one of the most fundamental skills in peer education is good communication. Suggest that the peer educators remember this exercise as a guide for asking themselves whether they are using the best possible communication skills in their teaching.

Training topic — Setting ground rules

Objectives of the session

To agree on ground rules for the workshop and to identify common ground rules for peer education.

Introduction

The facilitator and participants first decide upon the ground rules for this training workshop. This activity is followed by a group discussion on the importance of setting ground rules in any training activity.

At the beginning of a training session, the group needs to identify and agree upon ground rules or guidelines for its work, and also to understand why rules are important. The trainer should ensure that certain common rules are included (see box on the next page). An especially important rule in a workshop dealing with sensitive issues is to respect all participants' privacy and confidentiality; it should

be made clear that no one is allowed to share personal information about other trainees outside the group. Some groups also operate with a rule encouraging people to share their feelings if they are offended or hurt by someone, so that the offender has a chance to apologize. This can be especially relevant in cases where participants feel hurt or insulted by jokes or remarks related to gender, ethnicity, or personal characteristics.

Once all participants have agreed on a set of rules, the list is posted in the training room for the entire duration of the workshop. At times, it may be necessary to remind participants of the agreed-upon rules.

Common ground rules

- Respecting each other, even when you disagree
- Agreeing to participate actively
- Having the right not to participate in an activity that makes you feel uncomfortable
- Listening to what other people say without interrupting them
- Using sentences that begin with 'I' when sharing values and feelings (as opposed to 'you')
- Not using 'put-downs' (i.e., snubbing or humiliating people on purpose)
- Respecting confidentiality
- Being on time
- Turning off cell phones

Objectives of the session

To help participants to understand the nature and purpose of peer education and to gain insight into the mechanisms of behaviour change and how these relate to peer education.

Exercise: Peer education – what and why?

30 minutes

Also suitable for training of peer educators

Objectives To have a common understanding of the concept of peer education

To identify the benefits and the limits of peer education

Materials Three flip charts and markers

Process

Prior to this exercise, review the content in Section 1.

Conduct three consecutive group 'call-outs' (an activity similar to brainstorming, in which participants call out their responses) on the following questions:

- What do we mean when we say 'peer education'?
- What are the possible advantages of peer education?
- What are the possible disadvantages of peer education?

Record all responses on the flip charts.

When agreeing on a working definition of peer education, it is important to come as close as possible to the following description:

'Peer (health) education is the process whereby well-trained and motivated young people undertake informal or organized educational activities with their peers (those similar to themselves in age, background, or interests). These activities, occurring over an extended period of time, are aimed at developing young people's knowledge, attitudes, beliefs, and skills and at enabling them to be responsible for and to protect their own health.'

Word sense

A **peer** is a person who belongs to the same social group as another person or group. The social group may be based on age, sex, sexual orientation, occupation, socio-economic or health status, and other factors.

Education refers to the development of a person's knowledge, attitudes, beliefs, or behaviour as a result of the learning process.

When discussing major advantages and disadvantages of peer education over other forms of education, have the following table at hand to add essential points if necessary:

Advantages

- Young people take on programmatic responsibilities
- Educators and target group members often use the same slang terms
- Peer educators gain skills that are important for their continued personal development
- Peer education can supplement other educational interventions, such as the work of teachers, social workers, and health service providers
- Peer education is a community-level intervention that can provide a link to other community services
- Peer educators can gain access to groups that are otherwise difficult to reach
- Peer education can be relatively inexpensive when compared to other interventions

Disadvantages

- As peer educators age, they grow out of their role; new people always have to be recruited and trained
- Peer education programmes pose large management burdens on NGOs, schools, etc., and require skilled supervisors to be on the staff of a programme
- It is difficult to evaluate the impact of peer education, especially when proper monitoring and evaluation budgets have not been set aside for the programme
- If educators are not well trained, peer education can have a harmful effect (misinformation and unprofessional advice)
- If not properly targeted, activities called peer education may really be outreach or general education interventions

Closure

At the end of this activity, the trainers should emphasize that peer education is not the solution to every problem, and sometimes it may be better to use other approaches. The objectives of the intervention, the characteristics of the target group, and the specific setting are all elements when considering whether peer education is appropriate.

Exercise: Theory – practise it

30 minutes

Objective To help participants understand the practical application of theoretical and other methodological approaches to behaviour change

Materials Markers, tape, flip chart paper, and *Handout 2. Peer Education and Behaviour Change Theories*

Process

Distribute the handout and give a brief presentation on the theories and models for behaviour change. Instruct participants to separate into three groups, each with flip chart paper and markers.

Ask participants to choose a programme in which one of their group members is involved and analyse all aspects of it. Then ask them to outline the programme on the paper and to identify the theories and models (or parts of theories and models) that are being used in it. Emphasize that multiple theories and models may be used in the same programme and that only some aspects of theories and models may be used. Ask each group to present its discussion to all other participants.

Closure

Point out that without realizing it, everyone uses theories and models of behaviour change in their everyday work. Initiate a discussion on the topic of why organized theoretical and methodological approaches to behaviour change should be included in training programmes. Emphasize once again that a theory or a model does not have to be used in its entirety and that different parts of different theories and models can be used in one programme. Nevertheless, it is important that programmes be rooted in appropriate theories and models.

Exercise: Information, motivation, behavioural skills, and resources

20 minutes

Objective To identify information, motivation, behavioural skills, and resources as the four primary components of successful peer education

Materials Flip chart and markers

Process

Draw four columns (untitled at this stage) on the flip chart and lead a group call-out, asking participants what they consider to be the essential components of successful peer education programmes.

The participants are still not aware of the identification of the columns, but you should record their responses on the flip chart according to where they belong in the following four categories:

- Providing information
- Creating motivation
- Building behavioural skills
- Referring to resources

It is best not to name the categories beforehand, but to list the participants' suggestions in the untitled columns. Once all the responses have been included, the four categories can be identified and the trainees' responses discussed within that context.

Closure

Point out that these are four complementary components.

Training topic — Using topic lead-ins in training programmes

Objective of the session

To introduce the use of a 'topic lead-in' and get experience with a topic lead-in related to health education training.

Introduction

There are several ways to introduce a new theme or topic to a group of peer educators. A topic lead-in can play a number of functions. It can:

- Generate interest in the topic
- Activate participants' prior knowledge of the subject
- Encourage the sharing of information and resources
- Reverse resistance to discussion or learning

The exercise below, *How Careful Are We with Our Health?*, can be used as a topic lead-in to health education. Another example of a topic lead-in is the use of 'buzzwords'. The trainer writes a key word on a flip chart and gets the participants to call out words or ideas that they associate with the buzzword, which are also

written on the flip chart (if they are appropriate). For an example, see the *Gender, Not Sex* exercise (page 67).

Another way to introduce a topic could be to get participants to fill in a brief questionnaire on the subject. Sometimes a facilitator may choose to use some improvisational role plays as an introduction to a topic. For other examples, see the exercises, *Role Play Revolution* on page 50 and *Peer Education Password* on page 54).

Exercise: How careful are we with our health?

10-15 minutes

Also suitable for training of peer educators

Objectives

To encourage participants to consider that many people behave in a manner that is not in the best interest of their health

To help increase participants' understanding about human behaviour and the discrepancy between what we know and how we behave

Materials

A chair for each participant

Process

Have all participants stand in front of their chairs. Introduce the exercise by saying: *'To start this exercise, you all need to stand in front of your chairs. I'm going to read out some statements. If your answer to one of them is "no", you have to sit down. As long as you can reply "yes" to the statements, you remain standing. But once you are seated, you remain seated, even if your answer to following statements is yes. For example, if the first statement is* "I get regular medical check-ups" *and you do not have regular medical check-ups, you have to sit down and remain seated.'*

Explain two additional rules: *'Sometimes someone has to sit down right away, after the first or second statement. If the order of statements had been different, they might have still been standing. They might ask if they can stand up again. But participants may not stand up once they have had to sit down. This might not seem fair, but that is how this exercise works. Also, someone may say, for example,* "Oh, sure, I get regular medical check-ups. Let's see, I think my last one was in 1998!" *We have to decide together how frequent "regular" is in this exercise, but it must be reasonable; regular is not once every ten years!'*

Ask the participants to stand up. Then quickly read out the statements from the list below, in a clear, audible voice:

- I get regular medical check-ups.
- I don't smoke cigarettes.
- I get regular exercise.
- I stick to healthy food.
- I never drink alcohol to excess.
- I get vaccinations I need.

When everyone is seated, ask the participants what these statements have in common. If no one says it, point out that they are all health-related behaviours. Explain that while we all might know what is in the best interest of our health, we do not always use this information as well as we could. For example, even though we know we shouldn't eat lots of sweet things, our will power is not always strong when we need it. That second portion of ice cream or cake might just be calling us too loudly from the refrigerator!

Training note
Trainers are strongly encouraged to adapt this (and all exercises) to the local context if necessary.

Closure
Point out that in our work, we may come across people who are consistently putting their health at risk. It is important to remember that most of us have put ourselves in harm's way at some point, and usually we have been lucky to suffer no bad consequences. This is not true for everyone.

Training topic — Introduction to public speaking

Objective of the session
To allow participants to identify and practise skills in public speaking and facilitation.

Introduction
Peer educators might be nervous about speaking in public or being in the spotlight. To ensure that tasks are carried out successfully, educators should not be asked to undertake activities that are beyond their limits.

The following exercises will help participants gain experience in speaking in public and improve their public speaking skills.

Exercise: Public-speaking skills

20 minutes

Also suitable for training of peer educators

Objective To help participants identify and practise their skills in public speaking and facilitation

Materials None unless a participant chooses to use relevant materials, such as a flip chart

Process

Tell participants that they are now going to focus on public speaking techniques. Discuss the major features of effective public speaking, such as:

- Use of engaging and interactive techniques
- Movement into and out of the audience
- Use of gestures
- Eye contact (of appropriate duration)
- Modulation of intonation
- Appropriate use of humour

Practise these techniques as you explain them, and ask participants to watch closely. This allows the group to see how theory of good public speaking is actually applied. Then ask for feedback: *'How would you describe what I'm doing at this moment?'* Make sure the main components of good public speaking are mentioned.

After this, start a discussion about other factors that aid effective public speaking. Be sure to bring up the following areas:

- Use of storytelling as a technique to capture attention
- Caution about inappropriate use of slang terms or other unacceptable language
- Creation and maintenance of a safe learning environment for the audience
- Ways to respond to incorrect answers from the audience

Closure

Tell the participants that they will receive feedback on how they use their public-speaking skills throughout the training session.

Exercise: Thirty seconds of fame

30 minutes

Also suitable for training of peer educators

Objectives To give participants an opportunity to speak in public

To make the experience as positive as possible in order to build confidence

Materials Chairs for all participants

Process

Explain that each participant will be given 30 seconds to speak to the group about anything she or he would like. Tell the participants that: *'At the end of the 30 seconds, I will start to applaud to show appreciation for your effort. Don't be alarmed if you are in mid-sentence. My applause will be the signal for everyone else to begin applauding, which will show positive appreciation for your effort. During your 30 seconds, you can do whatever you want. However, even if you stop speaking, we will not begin to applaud until your 30 seconds are over. It is the job of everyone in the group to give each speaker their undivided attention and delighted, enthusiastic interest. Please do not interrupt any speaker in any way at all. Do not try to rescue them in any way. We should applaud as loudly for the last person as we did for the first, and for everyone in between.'*

Ask the first person to begin; after 30 seconds, even if she or he is in mid-sentence, you should begin applauding. You may sometimes have to remind the group to remain silent while a person speaks and to give every speaker their undivided attention. Also remind them to wait until you give the signal before they begin clapping.

Closure

After everyone has had 30 seconds to speak, lead a group discussion in which participants talk about how they felt doing the exercise. Which speeches best displayed effective public-speaking skills? How can these skills be applied to peer education training?

Objectives of the session

To start a process of team building in the workshop, to allow participants to understand the importance of team building in training, and to get experience with appropriate team-building techniques.

Introduction

After the group has experienced the first team-building exercise (*Moving Sculptures*, below), the facilitator should discuss the importance of team and trust building in a training workshop. The other examples of team-building exercises (*The Human Knot* and *Aha, and I Was There*) could be included in a future workshop or used as an energizer at another point in the training.

Early in a peer educators' training session, it is important that the trainees develop a sense of teamwork and trust. Team-building and trust-building exercises help create working relationships among peer educators who, in their future work, must be able to collaborate and sometimes rely on each other for support. They must trust each other enough to work successfully as a team.

Exercise: Moving sculptures

20-45 minutes (often repeatable with variations)

Also suitable for training of peer educators

Objectives

To energize participants and encourage them to be spontaneous and 'get outside themselves' while performing

To help participants work towards building a team and developing trust

Materials

None

Process

Designate an open space at the front of the room as the 'stage' area. Tell the group, *'In this exercise we will make some human team sculptures and poems together. It's a team-building and group creativity exercise.'*

Ask for a volunteer to come up to the stage and strike a pose of his or her choice (demonstrate). Once this first person is in a pose, ask for another volunteer to come up and strike a different pose that in some way touches the first pose. (Make sure that everyone is comfortable with the physical contact.) Ask more participants

to come up voluntarily, strike a pose that connects with those already on the stage, and freeze in that position.

Explain to participants that when you say the word 'change' (let the word last a few seconds: chaaaaange), they should change to a new pose. Remind them to stay touching at least one other participant, even while changing poses. Tell them that, as soon as you finish saying the drawn-out chaaaaange, they should freeze in their new positions.

Watch the group carefully and advise them whenever you see that someone is not in contact with at least one other person in the group. If you notice that male and female participants feel uncomfortable touching one another, help rearrange the sculpture so that people of the same sex are closer to each other. You can also play with the group by changing the length of the word 'change', so that sometimes they have a long time to find their pose, while at other times they must rearrange themselves very quickly (in two to three seconds). This makes the exercise more challenging and entertaining. Allow more teams to come up after the first group has made a few poses.

Closure

If possible, take some photos of the wonderful group poses that will emerge in this exercise. Giving copies of the photos to the trainees can help make them feel part of a team.

Variations on the exercise

Say a Word (no theme). Ask participants to say a word (any word) as they come onto the stage to pose. Once the group is in a pose, ask participants to repeat their words one after the other, in the order that they got on stage. Encourage them to try to say their words in a sequence, so that they flow like a sentence.

Make a Poem (words in line with a theme). Do the exercise as described above, only this time, ask participants to use a word that fits a certain theme (which can be selected by a participant). Once the group has done this a few times, as a sort of a poem, they can be invited to shout out their words in a random sequence, repeating them simultaneously.

Vary the Exit Process. You can vary the way in which the participants leave the sculpture. They can say their words in the original order and leave the sculpture one by one as they do so. Or they can say their words as they leave the pose in reverse order (i.e., the participant who came up last and has the last word now leaves first).

Exercise: The human knot

10-15 minutes

Also suitable for training of peer educators

Objectives

To work on trust building, team building, and problem solving.

To learn to respect people's bodies by exercising self-control and trying to accomplish a group task without hurting anyone

Materials

A room in which participants can move around comfortably

Caution: Before beginning, warn participants that they need to be very careful not to hurt anyone by twisting a wrist, stepping on others, etc.

Process

Clear a space in which to form a circle of about eight to ten people (or several such circles, depending on the number of participants). Explain that for this exercise, it is very important to follow instructions and listen to each other carefully so that no one gets hurt.

Explain that everyone will stand in a circle, reach into the middle of the circle with both hands, and join hands with two other people. Their job will be to untangle the resulting 'rope' without letting go, and form a circle again.

Now, tell the participants to take the right hand of one person and the left hand of another person. Next, ask them to try – slowly and carefully – to unravel until they can form a circle without letting go of the hands they are holding. If the group gets very good at this, try variations like not talking during the exercise, or only whispering.

Closure

Talk to the group briefly about how they felt playing the game.

Exercise: Aha, and I was there

Objective To work on team and trust building

Materials A room in which participants can move around comfortably

30 minutes

Also suitable for training of peer educators

Process

Prepare the room so that participants have enough space to move around a little. Chairs should be moved out of the way.

Explain that one participant will tell a story and act it out at the same time. Other participants will then respond to the narrator by engaging in the same actions, as if they also were the narrator's character in the story.

Begin by saying, *'Someone will begin to tell a story and act out her or his part while telling it. Everyone in the group must do the same actions, as if they also were the narrator's character in the story. For example, if I, as the first narrator, were to begin by saying, "One day I was walking down the street …," while I walk, you all walk as well. I might then continue, "I saw a giant tree and began to climb it." All of you begin climbing the tree as well. At any time, anyone in the group can shout, "Aha, and I was there!" At this moment everyone in the group responds together, calling out, "And what did you see, my friend?" The person who interrupted takes over the narration and the exercise continues like before.'*

Explain to participants that they should try to support each other as much as possible. For example, ask the group what they think should happen if the narrator is obviously stuck and cannot think of anything else to say. You can ask what they would like to have happen at that point if they were the narrator. They will probably reply that they would like someone else to jump in. This is an appropriate time to point out that everyone in a team should be ready to jump in and 'save' someone who appears stuck or uncomfortable, just as others would like someone to help if they were in an awkward situation.

Explain that the group's job is only to say or do whatever the narrator's character says or does in the story, even if there are other characters described in the story. If, as the facilitator, you realize that people are describing less active behaviours, such as thinking, waiting, or watching, point out that the exercise is more fun if the choices involve a lot of action.

Bring the exercise to an end when most participants have had an opportunity to be the narrator.

Closure

Lead a discussion about how people felt during the exercise. For example, ask if anyone remembers feeling 'saved' by the person who took over the narration or if they helped a narrator who appeared stuck. Point out that working well as a team requires paying careful attention to how group members are doing. Also explain that it is important to learn how and when to help them, without dominating others or trying to take over too quickly or at the wrong time. You can end by saying, *'Things work much better when you know people will be there for you if you need help.'*

Training topic Use of role play

Objective of the session

To introduce role play as a highly interactive method that can be used effectively in health education.

Introduction

The facilitator first highlights the importance of acting skills in peer education. She or he points out that this session will introduce the technique of role play. During the rest of the full workshop, role play will be used frequently as an educational tool and participants will have opportunities to develop their acting skills further.

Role play is a multi-purpose tool in peer education (see also Section 1, page 21). Many peer education programmes use role plays to illustrate challenges and to model important skills. Effective role play engages the hearts and minds of the audience and motivates them to begin the all-important move towards real behavioural change.

When setting up a role play for presentation by trainees, the following guidelines are important:

- Usually two or more people are asked to take on the roles of certain characters and then act out a scene focusing on a predetermined situation. In some cases, details might be given about how a situation should unfold, and role players are asked only to create an ending.
- Make sure that no one is bullied or forced to act in a role play by other participants; some young people may not feel comfortable acting. However, if a group member only seems to be a little shy or reluctant, encourage her or him – gently, not forcefully – to try acting a role.
- Suggest that male participants play female roles and female participants play

male roles from time to time so that they have a chance to place themselves in situations encountered by members of the opposite sex.

- Visit small groups as they are creating a role play to make sure that they are developing a scene that is no longer than five to seven minutes long and to ensure that all members of the group are involved in some way.
- Make sure that the group does not spend all the exercise time devising a script – they need to practise their role play as well.
- Create sufficient space for the performance so that all other participants can see it when it is presented.
- Encourage the players to speak loudly so that the whole audience can hear the dialogue.
- If the role play goes on too long or seems to get 'stuck', invite the players to stop so that everyone can discuss the situation.
- Allow the other participants to offer their observations after each group has performed. For example, you might ask the audience what they saw and then ask the actors whether they intended to portray that.
- Sometimes, when doing a very serious or emotional role play, it might be necessary to 'de-role', so that the actors can acknowledge who they are in real life, outside the role of the character they just played.
- If you have time, ask the participants how the role play relates to their own lives.

Suggestions for role play scenarios

- **Condom demonstration.** You are about to engage in a sexual encounter with someone who is applying a condom incorrectly. Show your partner how to do it correctly, while not 'spoiling the moment'.
- **Not ready for sex.** A group of girls are debating when the right time to have sex might be. At least one member of the group feels that the time is not right for her.
- **Drug or alcohol use.** A good friend has decided to try a drug her boyfriend has been using for a while. Her boyfriend told her how wonderful it feels and that she will forget all her school and family problems. How would you handle this situation?
- **Parents find a condom.** Parents find a condom in their teenage daughter's bedroom. What are the subjects and issues that may come up in conversation? Role play both the parents' and daughter's part.
- **Drunkenness, parties, and sex.** Your teenage friend is bragging to you about drinking alcohol and having sex with a woman he met at a party. He hints that he does not remember all the details of that night. Similar incidents happen almost every weekend. What would you say to him?
- **Being there for someone who is HIV-positive.** A friend confides in you that he or she is HIV-positive. How would you handle this situation?

The scenarios described above may offer opportunities to provide information on numerous topics, such as:

- When is the right time to have sex?
- What is the window period of HIV infection?
- Who should be tested for HIV?
- Can STIs be treated?
- What is the difference between a latex and lambskin condom?
- What are spermicides and lubricants?
- What are the effects of ecstasy (or a drug used in your community) on sexual decision-making?

Exercise: Role play revolution

20 minutes

Also suitable for training of peer educators

Objectives To serve as a topic lead-in to introduce various sides of an issue

To provide information, motivate people to change behaviour, and demonstrate a variety of negotiation and decision-making skills

To model appropriate behaviour

To provide information about accessing resources

Others as may be identified by trainer

Materials Two chairs

Process

Have eight to ten volunteers stand in a semi-circle behind the backs of two chairs. Ask two volunteers to sit on the chairs; explain that they will do a little acting. Ask one of the players sitting on the chairs to start an improvised role play by saying something to which the other player responds. Explain that at any point, one of the participants standing behind the chairs can 'tap in' and take over by simply lightly tapping the shoulder of one of the actors in the improvisation (provided this kind of touch is acceptable in the local culture). The participant who taps in can either continue the story or start a new scene.

Closure

After most or all of the participants have had a chance to act, end the role play and start a discussion about what the participants experienced while playing their roles.

Make sure to explain the benefits of this type of role play. It can generate realistic dialogue that could be used to develop scenes in the future or to develop the skills of peer educators. For example, if the group began by brainstorming the ways to negotiate safer sex, the group could practice using those communication skills with this type of role play. The role play would continue until participants didn't have any new ways of asking a partner to use a condom. When finished, they may have even identified additional ways to convey the same message.

Any incomplete or incorrect information that appeared in the story can be discussed. It is very important to note that the actors were 'in character' and not necessarily playing themselves.

Training note
This exercise is a valuable example of how peer educators can practise supporting each other as a team. For example, make clear to them that when they are standing in the background, behind the chairs, they need to be quiet. They can be instructed to behave in such a way that it appears as though the role play is 'the most fascinating thing happening at this moment on the planet!'

Wrap-up

The facilitator provides a brief review of the topics covered during the day. Participants are asked to think back on the day's activities and discuss some of the central themes. They can give feedback on how they feel the training is going.

Getting started

Stretching and warm-up

Feedback on Day 1

Icebreaker and team-building exercise: A cold wind blows

Training Topic: Techniques for sharing information

- Peer education password
- STI challenge

Training Topic: Techniques for exploring values and attitudes

- Language of sex
- Privacy squares
- Brainstorming on four topics
- Do you agree?

Training Topic: Gender awareness and sensitivity

- Gender, not sex

Wrap-up

Getting Started

Stretching and warm-up

Participants are invited to lead the group in some stretching exercises. Several trainees can take turns demonstrating which muscles to stretch. Trainers might make the exercise more fun by asking participants to 'try to reach the ceiling (or the floor)' when stretching. Invite participants to pay attention to their breathing, which can help them relax and prepare for the day's work.

Feedback on Day 1

The feedback team delivers a summary of the feedback they collected on the training programme in general and on the previous day's activities.

Icebreaker and team-building exercise: A cold wind blows

10-20 minutes

Objective	To raise participants' energy level
Materials	A circle of chairs

Process

Prepare a circle of chairs in which there is one fewer chair than the number of participants.

Also suitable for all training and field work

Caution: For safety purposes, make sure that there are no sharp edges on the chairs or around the exercise area, in case, in the excitement of the game, someone slides the chair backwards into another participant or runs into the chair. Also, make sure the chairs are strong enough to handle this type of activity, since participants will be jumping onto them.

Ask all but one of the participants to take a seat. Have the remaining person stand in the centre of the circle. Explain that the objective of the game is for that person to get a seat. The player standing in the middle of the circle starts a sentence by saying, *'A cold wind blows for anyone who …'* and ends it with a fact that is true about herself or himself. For example, if the player in the centre is wearing black shoes, he or she might say, *'A cold wind blows for anyone who is wearing black shoes.'* Everyone about whom that fact is also true – in this case people wearing black shoes – must then immediately get up and run to find a seat left empty by someone else. Participants may not take the seat next to them unless there is **only** one other person who is changing seats. The person in the middle also rushes to find a seat so that there is one person left standing. Whoever is left in the middle then repeats the process, and the game continues.

Explain that the choices for ending the sentence do not have to be limited to physical things. For example, participants could include attitudes about things or life experiences. If someone believes in helping support people who wish to abstain from sex, they could say, *'A cold wind blows for anyone who believes people choosing to be abstinent should be supported in their decision.'* Or they might say, *'A cold wind blows for anyone who thinks you should make condoms available in secondary school.'* The game ends whenever the facilitator (or group) chooses to end it.

Closure

Ask whether participants enjoyed the game and how they felt about it.

Training topic — Techniques for sharing information

Objectives of the session

To build participants' knowledge in content areas of peer education, such as sexuality, STI/HIV prevention, and substance abuse prevention and to build their capacities in using techniques for sharing information on these subjects.

Introduction

The facilitator stands up and (perhaps using a flip chart) begins a traditional style lecture, talking about some technical information in a factual manner. The lecture may last a few minutes – enough time to demonstrate the drawbacks of using an old-fashioned lecture style. This demonstration could be followed by a brief group discussion on more interesting and creative information-sharing techniques that require the active participation of the trainees.

Exercise: Peer education password

20-40 minutes

Also suitable for training of peer educators and field work

Objective To learn and share information in a way that is fun and appealing

Materials Two rows of chairs for participants, large index cards with words related to peer education subjects written on them, one word per card. Examples of these 'peer education passwords' include mucous membranes, clitoris, penis, and other words related to sexuality, HIV/AIDS, or substance abuse.

Process

Set up two rows of chairs so that they face each other and ask the participants to sit on them. Have the stack of index cards with words ready to use, but do not let the participants see the words yet. Explain to the group that the goal of the exercise they are about to play is to give each other clues so they can try to guess the 'peer educator password' written on the cards. Tell them that the clues can only contain one word, but the answers may have more than one word. The clue should not contain part of the answer in it. Ask the group to avoid 'cheap shots' such as a clue that contains nothing about the true meaning of the word. For example, if the answer is 'penis', the clue should not be someone pointing to her or his lap and saying 'Venus'. In fact, rhyming clues are also discouraged.

Now, stand behind one row and tell everyone to look straight ahead. Show the 'password' on the card to the people in the line facing you. One person at the beginning of the line that has seen the word gives a clue, and the person sitting directly opposite him or her tries to guess the password. If he or she is wrong, the next person gives a clue, and the participant sitting opposite tries to guess the password. This continues until someone guesses the word. Ask the person who guesses correctly to hold the card for a discussion at the end of the exercise.

Closure

After 15 to 20 minutes, sit with the group and ask participants, one at a time, to tell the group whatever they can about the word on the card they are holding. Then, invite others to add any information that they think might be relevant. As the facilitator, you can then correct any misinformation and fill in any information gaps. Try to get through as many of the cards as possible or review them later. You can also use them in the game some other time.

To introduce the next exercise, the facilitator explains how a simple quiz can be used as a springboard for discussions with peer educators. Including one or two difficult questions might also generate additional interest among participants who initially thought they knew everything there was to know about a specific topic. (See *Handout 3. HIV/AIDS Quiz* and *Handout 4. STI Challenge*.)

Training note

When preparing a quiz on STIs or HIV/AIDS for peer educators or trainers, the quiz questions may be somewhat more difficult than those you would include in a quiz for field activities with young people. However, keep in mind that neither peer educators nor trainers are expected to be as knowledgeable about infectious diseases as are professional health workers.

Exercise: STI challenge

20-40 minutes

Also suitable for training of peer educators and field work

Objective To learn and share information in a way that is fun and appealing

Materials Chart on which to keep score

Process

Prepare a list of questions and answers (see *Handout 3. HIV/AIDS Quiz* and *Handout 4. STI Challenge*).

Divide the participants into two, three, or more teams (depending on the total number of participants) and tell each group to select a name and a speaker for their team. All team members should work together to find an answer, but only one person will be allowed to say the answer out loud. Explain that you will be asking questions to each team. If the first team does not know or does not give the correct answer within three minutes, the next team will get a chance to answer it. A point is awarded for each correct answer. For the final question, the participants will have a chance to 'bet' all their accumulated points. They will receive double points if they answer the final question correctly or lose all of their points if they do not.

Begin asking the questions. After each correct answer is given, ask or explain why it is correct. Also, address the incorrect answers, especially if they are common misconceptions.

Closure

After the game, ask participants if they have any questions about any of the questions or answers. If so, deal with their questions immediately.

Training topic: Techniques for exploring values and attitudes

Objectives of the session

To provide participants with experience in techniques that explore values and attitudes and to create awareness of how difficult it is to discuss sexual and reproductive health issues openly.

Introduction

To introduce this session, the facilitator explains that participants will be exploring their own values and attitudes about human sexuality through discussion and

activities. The trainer points out that although the teaching may cover sensitive issues in some detail, it is in no way intended to tell people how to live their lives. These sessions are meant to give people information with which to make educated decisions and to build their capacity to help and protect others on the road to health.

Word sense

Values represent what a person appreciates and esteems. If young people have learned to value their health, for example, they will be more likely to delay having sex or to practise safe sex.

Attitudes are a person's feelings towards something or someone. In the context of AIDS, tolerance of different lifestyles, rejection of discrimination and prejudice, as well as compassion and care, are very important attitudes.

Most of our notions about human sexuality are influenced by sexual and gender norms, as well as by family and cultural messages that we received while growing up. It is important to recognize that our religious or non-religious upbringing may also play a significant role in our personal attitudes towards peer education and the issues with which it deals. All trainers and peer educators should therefore examine their own values and attitudes.

Attitudes and values are not easy to teach or to measure. However, there are techniques, such as group discussion, case studies, or 'values-voting', that can help explore and influence people's attitudes and values. Another technique is personal example – peer educators can act as 'role models'. If, for example, one of the aims of a peer education programme is to encourage young people to be tolerant, the peer educators' personal behaviour should reflect this attitude.

Before beginning a peer education programme in any community, it is important to learn about the prevailing culture(s), traditions, and social norms. Without such awareness, there is a great risk of offending people and losing their respect for you and your programme. A damaged reputation can have far-reaching consequences, and the impact may last for a long time.

In some communities, a certain importance is placed on modesty regarding sexual matters. Immediately talking about sexual issues in very frank and detailed language might be a mistake. Some communities may also have concerns about programmes in which young women and young men participate together. It is best to move into this area one small step at a time.

Training note

The following are examples of how to learn about the community and avoid activities that may upset them:

- Find out what issues might concern the organization with which you will be working.
- Conduct an assessment of the target community if one is not available. Find out whether young women will be able to participate in your programme or what barriers may prevent them from doing so.
- Discuss with the leaders or the administration of the organization you will be working with which topics you propose to cover and how they will be taught.
- Move into the discussion on issues of sexuality and gender gradually and with care.
- If possible, organize a training session for the administration so that they can better understand the problems you are addressing (e.g., reproductive health, gender biases).
- If you are working with young people in a school, first try to inform or train the administration, then the teachers, and then the parents, before going on to the training programme for young people. In this way, you will obtain input and approval from the community.
- To show your respect for the community in which you are working, ask for feedback about how the programme has been received.

Working with religious leaders

It is very important to consider the religious teachings and norms that influence the target community with which you will be working. Peer education programmes are often more successful if religious organizations and leaders have collaborated in developing the curriculum and materials. If the leaders are properly sensitized to and educated about the target group's needs (for example, they have seen the results of needs assessments) and issues (having heard about them personally from the affected group), they may become important allies in helping you achieve your programme's educational objectives. It is particularly important to seek out religious leaders who are gender-sensitive, since their support can contribute greatly to enabling young women and young men to participate equally in your programme.

Historically, religious leaders have been expected to help counsel and support people who are ill. You should take a sensitive approach in helping them see that by advocating for education, they can also help prevent people from becoming sick in the first place. When they understand this, religious leaders and experts can also help you to justify why it is important to address reproductive health matters by explaining where and how religious teachings permit such education.

For example, although some religions stress the value of modesty regarding sexual matters, they also teach that protecting or saving a life takes precedence over other rules. Those who adhere to these beliefs feel that rules must be applied when they help people live and stay healthy, but not when observing the rules might cause them to die. They teach that life is sacred, that we must warn others of danger, that we must be compassionate towards people, and that we must attend to those who are ill. Thus, in some religions, it is said that when someone saves a single life, 'It is as if she (or he) has saved the entire world'.

Exercise: Language of sex

Objective To become more comfortable when talking about sexuality

Materials Lists of words related to sexuality, flip chart paper, markers

25 minutes

Process

Divide the participants into groups of three people; give each group flip chart paper and a marker.

Also suitable for training of peer educators

Explain that many people find it embarrassing to discuss subjects that touch on sexuality and its consequences. However, when dealing with topics such as sexual health and HIV/AIDS, we must be able to talk about sexual attitudes, behaviours, and the consequences of unprotected sex.

Ask the participants to put aside their fears of saying taboo words during this exercise, explaining that we must learn to talk about various sexual parts of the body and different sexual acts in order to protect our health.

Give each group a handout that contains a list of terms related to sexuality. (Examples include vagina, breasts, menstruation, sperm, penis, abstinence, intercourse, orgasm, pleasure, STI, HIV/AIDS, masturbation, condoms.) Ask each group to choose two terms (or you can assign them).

Ask each group to write on the flip chart paper synonyms (similar terms) used in their community for each term they have chosen or been assigned. Post the lists on the wall for others to see and ask the group to answer the following questions:

- Which synonyms are most acceptable for public use and which are considered unacceptable?
- Which words do young people use most when they talk amongst themselves?
- Which words do young people use most when talking with their parents and other adults?
- Which words have negative meanings for women or men?
- Do you think that the negative words can be harmful when they are used to embarrass or insult people? If so, why do we use them?
- Why do people use words that are not respectful of women and men?

Closure

Point out that it is important to talk to adolescents in their own language – or at least allow them to use the words that they know best so that they feel comfortable in talking about sex and its consequences.

Emphasize that we must adjust our use of language to our audience; this means we may use certain words with our friends and other words with adults, such as parents and teachers.

Explain that to be able to talk about sexuality, we need to overcome our own sensitivity to using sexually explicit words. If we cannot communicate clearly to other people what we like and do not like, what we want and do not want, misunderstandings will occur.

Tell the participants that we need to be able to say words that clearly refer to sex and sexuality when we want to ask for help – for example, when visiting a health worker.

Stress that disrespectful words can be harmful. For example, in many places, there are lots of negative words for women who have sex outside marriage (e.g., slut, whore), while the words for men who have sex outside marriage or with many partners (e.g., real man, stud) are viewed as positive. This use of language reinforces double standards and inequality between men and women.

Also point out any words on the list that are violent in nature (e.g., bat, gun, spear) and explain how using such words can contribute to ideas that violence in sex is permissible.

Exercise: Privacy squares

20-25 minutes

Objective

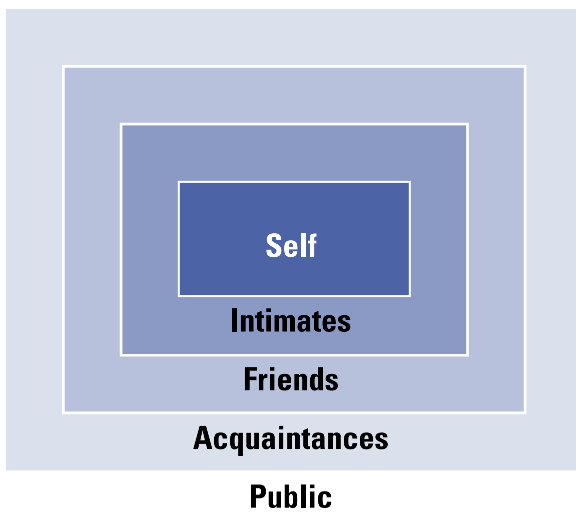
To help participants think about how individuals share information when thinking about sexual health and HIV/AIDS

Materials

For each participant: *Handout 5. Privacy Squares* and a pen or pencil. You will also need flip chart paper, markers, and a list of 'privacy square items' (see list in the 'Process' section).

Process

Give each participant a copy of Handout 5 and a pen or pencil. Display a large flip chart paper with the concentric privacy squares.



List the following 'privacy squares' items on the flip chart.

With whom would you share:

- Your height (ht)
- Your weight (wt)
- Your dissatisfaction with some part of your body (body)
- Your method of contraception (contra)
- The extent of your sexual experience (extent)
- Your sexual fantasies (fantasies)
- Whether you enjoy erotic material (X)
- Whether you have fantasized about a homosexual relationship (gay-fan)
- Whether you have had a homosexual relationship (gay-exp)
- Your feelings about oral sex (oral)
- Whether you have considered being tested for HIV (considered)
- Whether you have been tested for HIV (tested)
- Whether you tested positive for HIV (+)

Explain to participants that when educating about sexuality, they must respect the privacy of others. To explore what privacy means to each of us, participants should write the privacy square items listed above in the appropriate square, indicating with whom they would share each type of information. (They can use the symbols or abbreviations instead of the whole phrase.)

Ask participants to also think about people in their lives who might 'fit' into the respective squares. Help define terms such as 'acquaintance' and 'intimates'.

You can begin by saying, for example: *'Let's start with your height. Think about with whom you would be able to share information about how tall you are. Would you share it with the people you consider your intimates? Acquaintances? Or in a public setting with people you do not know?'*

Point out that some of the experiences will not apply to some participants. Explain that for those questions, the participants should try to consider with whom they would share the information if those experiences did apply to them.

When reading out questions about privacy, be careful to allow enough time for participants to think about the question and their answer to it.

Closure

Ask the participants what they felt about the exercise. Did they learn anything about themselves? Point out that because we are used to working in the world of sex education and to talking and thinking about it, we may forget how private certain issues are to some people.

Exercise: Brainstorming on four topics

approx. 75 minutes

Objective To explore personal values with regard to sexual relationships

Materials Four flip charts, four markers, and tape

Process

Tape four flip chart sheets on the wall, each with one of the following questions written at the top of each:

- Why do young people engage in sexual relationships?
- What could be their reasons for waiting or abstaining from having sex?
- Why should one use protection when having sex?
- What are the alternatives to having sex?

Split the group into four teams, give each group a marker, and tell each group to choose one of the question sheets. Tell them they will have five minutes to write down as many items or ideas as they can on each sheet. Give them a one-minute warning when time is nearly up.

After the first sheet, ask the groups to move on to the next sheet. Tell them to read the other groups' responses to avoid repetition before they write down their own ideas. Repeat until each group has written responses to each of the topics and then ask the participants to reassemble as one group.

Ask them to evaluate the lists. Are some reasons better than others? How do they know? How do the reasons affect the ways in which peer educators try to influence the decisions their friends make?

If you think the participants have overlooked an important reason, tell them your idea now. If they agree, add it to the list.

At this point, start a discussion with the participants. Using their responses to the questions about possible alternatives to sex and why protection should be used, ask them to suggest ways to encourage a friend or peer to have safer sex (or to abstain from sex). As a group, decide which strategies would be most effective and positive.

If you have enough time, ask the participants to split into pairs and role play. Tell them one is the peer educator, the other is a friend or peer. Ask them to practise encouraging the friend not to indulge in risky behaviour.

Note: Trainees must keep in mind that a discussion on these questions may be considered inappropriate by members of some cultures. This exercise should only be used where it is culturally acceptable, and even then, must be handled with great sensitivity.

Exercise: Do you agree?

45 minutes

Also suitable for any training or field work with young people ages 16 years and older and in small groups

Objective To explore values and attitudes related to issues such as sexuality, HIV/AIDS, and substance use

Materials Two sheets of flip chart paper, on one of which is written the word ‘agree’ and on the other, ‘disagree’

Process

Put the two pieces of paper on opposite walls of the room. Ask participants to stand together in the middle of the room.

Explain that you will read aloud some controversial statements, and participants have to take a stand on the imaginary line somewhere between ‘agree’ and ‘disagree’ according to their response to this statement.

Examples of statements include:

- All young people should remain virgins until they are married.
- Teenagers should know about condom use and have free access to condoms.
- I would accept a friend who is homosexual.
- I would accept my brother or sister if he or she were homosexual.
- Those infected with HIV have only themselves to blame.
- Prostitution should be banned to prevent the spread of HIV/AIDS.
- Clean needles should be made available on request to drug users who inject their drugs.

After you have read the first statement, the participants should go to the spot that best describes their response to it. When they are all standing somewhere along the line, ask a volunteer to explain why he or she is standing there. Let three volunteers give their viewpoint; then let the other participants react to these opinions.

Continue with the next statement.

After reading and reviewing all the statements, you can ask the participants how they felt about exposing their values to other participants, especially if they were in the minority.

You can also give group members the opportunity, after listening to the views of some participants, to move to the position that best expresses their feelings now. Ask them if it was easy to change their position.

Closure

Be sensitive towards your participants' needs before, during, and after this exercise. Some of them might feel vulnerable, but may not show it. Make sure that they feel comfortable sharing – or not sharing – information. After the exercise is officially finished, make yourself available to discuss any possible problems with the participants individually.

Training topic — Gender awareness and sensitivity

Objective of the session

To create greater awareness of why it is important to integrate a gender perspective into peer education work.

Word sense

Gender refers to the socially constructed roles, responsibilities, and expectations of males and females in a given culture or society. These roles, responsibilities, and expectations are learned from family, friends, communities, opinion leaders, religious institutions, schools, the workplace, advertising, and the media. They are also influenced by custom, law, class, ethnicity, and individual or institutional bias. The definitions of what it means to be female or male are learned, vary among cultures, and change over time.

Introduction

Young men and women can help reduce some of the risk factors that contribute to the health issues they face, if they are equipped to recognize and deal with them.

Negative gender norms are one such risk factor. People who work in the field of adolescent health need to understand the concept of gender and how they are influenced by their own cultures, traditions, and prejudices, sometimes without even realizing it. Everyone is taught – both as children and adults – to behave in certain ways and believe certain things according to gender-based norms.

Once young people recognize these gender-based norms, they can begin to learn how to change them and to resist expectations and situations that put them at risk. Peer educators can also help to challenge gender-based norms and stereotypes by being more aware of how gender influences their own and their peers' behaviour.

Training note

When integrating a gender perspective into a peer education programme, peer educators should keep the following points in mind:

- Incorporating a gender perspective into activities with young people requires continual effort and awareness-raising. It is not a one-time action or simply a matter of using correct terminology (e.g., speaking about both young men and young women or using 'she and he' instead of just 'he' in documents).
- Gender has to do with relationships, not only between the sexes but also among women and among men. For example, mothers teach daughters not to contradict men; fathers teach sons 'not to act like women' by crying when they are hurt.
- A quick way to remember the difference between sex and gender is that sex is biological and gender is social. This means that the term 'sex' refers to physical characteristics we are born with, while gender roles are learned gradually and can change.
- Gender does not only apply to people who are heterosexual; it also affects people who are bisexual or homosexual (male and female), or who choose to abstain from sex.
- Men and women can manipulate gender-based ideas and behaviours for their own benefit, perhaps without harming anyone but at the same time reinforcing stereotypes (e.g., women crying or flirting or men 'pouring on the charm' to get something done).
- It is difficult to be 100 percent gender-sensitive; all of us are influenced by gender in our ideas and actions. However, as a peer educator, you must try to model gender-sensitive behaviour by not reinforcing gender stereotypes. Peer educators should aim to treat young men and women equally and to address power imbalances, where possible.
- Gender sensitivity does not mean that we no longer recognize differences between men and women. Some differences remain because of biology; we may choose to retain others even in equal relationships (for example, men opening doors for women to be polite).

Additional gender exercises may be found in Annex 2, page 186.

Exercise: Gender, not sex

30 minutes

Also suitable for all training and field work

Objective To help participants understand the difference between 'sex' and 'gender'

To recognize gender stereotypes

Materials Flip chart, markers, and tape; a flip chart sheet or overhead transparency on which definitions related to sexual orientation will be outlined; *Handout 6. Sex and Gender*

Process

Draw three columns on the paper. Label the first column 'woman' and leave the other two blank.

Ask participants to identify personality traits, abilities, and roles ('attributes') that are often associated with women; these may include stereotypes prevalent in the participants' communities. Write down their suggestions in the 'woman' column.

Next, label the third column 'man' and ask participants to again make a list of personality traits, abilities, and roles that are often associated with men. These may include stereotypes prevalent in the participants' communities. Write down their suggestions in the 'man' column.

Ensure that participants provide examples related to reproductive health. Here is an example.

Girls and young women:

- Are biologically more susceptible to STIs and HIV
- Are at greater risk of morbidity and mortality
- Experience higher rates of sexual violence and coercion
- Are expected to care for children
- Are unable to negotiate condom use effectively

Boys and young men:

- Experience peer pressure to be sexually active
- Are taught to dominate and control
- Do not feel comfortable using reproductive health services
- Tend to avoid responsibility

Ensure that both columns include positive and negative words or phrases. Also, add biological characteristics (such as women have vaginas, men can grow beards, men have penises, women can breastfeed, men experience wet dreams, etc.) if none are suggested by the participants.

Now reverse the headings of the first and third columns by writing 'man' above the first column and 'woman' above the third column. Working down the list, ask the participants whether men can exhibit the characteristics and behaviours attributed to women and vice versa. Place those attributes usually not considered interchangeable into the middle column, and label this column 'sex'.

To save time, it is not necessary to discuss each term separately. However, make sure that all the words in the 'sex' column are discussed.

Expect participants to debate the meanings of some words – one of the goals of this exercise is to demonstrate that people assign different meanings to most characteristics that are gender-based.

Be prepared to handle discussions about different types of sexuality. It can be useful to distinguish 'sexual orientation' or 'sexual identity' from gender. If necessary, provide simple definitions for 'sexual orientation' and 'sexual identity' on a flip chart or an overhead transparency. Point out that no matter what individuals' sexual orientation or identity is, everyone is influenced by social expectations regarding their behaviour and roles according to their biological sex.

Explain that sex has to do with biological and genetic matters, whereas gender refers to socially constructed roles, responsibilities, and expectations of males and females in a given culture or society. These roles, responsibilities, and expectations are learned from family, friends, communities, opinion leaders, religious institutions, schools, the workplace, advertising, and media. They are also influenced by custom, law, class, ethnicity and individual or institutional bias. The definitions of what it means to be female or male are learned, vary among cultures, and change over time.

Point out that many people confuse sex with gender or vice versa. The word 'gender' is also often used inappropriately instead of 'sex' (for example, when people are asked their gender instead of their sex on application forms).

Closure

Stress that stereotyped ideas about female and male qualities can be damaging, because they limit our potential to develop the full range of possible human capacities. By accepting these stereotypes, we restrict our own actions and lose the ability to determine our own behaviour, interests, or skills. For example, as a result of gender stereotyping, men are discouraged from participating in 'women's work' (such as childcare), while women are dissuaded from choosing careers that are traditionally male-dominated (such as engineering).

Emphasize that refusing to be stereotyped does not mean that we cannot enjoy displaying qualities that are usually associated with our own sex, but that it is important for all of us to make our own decisions about what we do.

Wrap-up

The facilitator provides a brief review of the topics covered during the day. Participants are asked to think back on the day's activities and discuss some of the central themes. They can give feedback on how they feel the training is going.

Getting started

Stretching and warm-up

Feedback on Day 2

Icebreaker exercise: Pass the mask

Training Topic: Techniques for building skills

- Introduction to life-skills-based education
- Saying 'no' role play
- Condom relay race

Training Topic: Motivational tools and techniques

- Why do we do this work?
- Visual imagery – HIV testing

Training Topic: Role play again

- Triads – competing for attention

Wrap-up

Getting Started

Stretching and warm-up

Participants are invited to lead the group in some stretching exercises. Several trainees can demonstrate in turn which muscles to stretch.

Feedback on Day 2

The feedback team delivers a summary of the feedback collected from all participants the day before.

Icebreaker/warm-up

Participants are reminded how important it is to use icebreakers, warm-up activities, energizers, and team-building exercises continuously in training. Consider doing an energizer every day during the training, about half-way through the day.

Exercise: Pass the mask

5-10 minutes

Also suitable for training of peer educators

Objectives

To break the ice, raise the group's energy level, and take steps towards team building

To help participants relax by being able to appear silly with each other

Materials

None

Process

Ask all the participants to stand in a circle, facing inwards.

Explain that each person is going to receive and then make a facial 'mask' that he or she will pass on to the next person, who will make a new one to pass on, etc.

Tell participants the following: *'I am going to make a face or a "mask" and make eye contact with the person on my left. She or he must try to copy the exact same mask, with her or his face, as if she or he were looking in a mirror* [demonstrate]. *Then, that person will turn to the left and create a new mask to pass on to the next person. We will "pass the mask" around the circle. Let's try it now, and remember to make eye contact and give the person enough time to make a really good copy of your mask.'*

Closure

Allow the group to discuss how they felt during the exercise.

Training topic — Techniques for building skills

Objective of the session

To help participants understand why skills-building is an essential component of a health education programme. It provides an opportunity to explore the concept of life skills and to experience common techniques for building skills with young people.

Introduction

Various studies have shown that knowledge alone does not lead to behaviour change. Most people know, for example, that cigarettes can cause lung cancer. But that does not necessarily keep them from starting to smoke or continuing the habit. In the same manner, being aware of how HIV and other STIs are transmitted or knowing how to protect oneself does not always lead to safer behaviour. So, activities that only impart information should not dominate a training programme. Knowledge is only a base upon which to build positive skills, attitudes, and values.

Training note

To adopt and practise safe sexual behaviour, young people need to develop important life or behavioural skills, such as:

- Self-awareness
- Decision-making skills
- Assertiveness (for example, to be able to resist pressure to use drugs or to have sex)
- Negotiating skills (to insist upon protected sex)
- Practical skills (for efficient condom use)
- Recognizing, avoiding, or managing situations that may lead to violence or abuse

Word sense

Life skills are abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life.

Exercise: Introduction to life-skills-based education

30 minutes

Objective To enable participants to identify what life skills are and what they are useful for

To introduce the concept of skills-based education and identify the role of peer educators in facilitating life-skills-based education

Materials Two flip charts

Process

Divide participants into four small groups, and ask each group to discuss two questions, the first of which is, 'What are life skills?'

Then, have each group choose one of the following questions as the second issue for discussion:

- Who can teach life skills?
- Where can life skills be taught?
- How can life skills be taught?

After this, reconvene the whole group to discuss the answers to the four questions.

Read out loud (or give the participants) the definition of life skills (see Word Sense box, page 72) and discuss how this fits into what the participants have said.

Ask the participants to share with the group their own experience of building skills when working with young people and what they consider appropriate techniques for building skills.

Training note

The following exercise on saying 'no' is an example of an activity to help build skills. It is aimed at developing assertiveness in non-sexual situations and is very suitable for a young target audience. It can also be used as an introduction to an activity aimed at developing safer-sex negotiation skills.

Exercise: Saying 'no' role play

45 minutes

Also suitable for training of peer educators

Objective	To help young people develop assertiveness in non-sexual situations To help participants find ways of dealing with peer pressure
Materials	None

Process

Ask participants to think of a situation in which someone their own age asked them to do something they did not want to do. Select a few examples, such as:

- A friend asked if he or she could borrow your brand-new motorbike for a ride far away on a bad road.
- A friend asked you to try a cigarette or a joint.
- A friend dared you to steal an item in a store.

Ask two volunteers to act out one of these situations in a role play.

Discuss the way in which the person in the role play said 'no' to the person who plays the friend or peer. Ask the actors how they felt refusing what the other asked. Was it easy?

Emphasize that it is not always easy to say no, especially to a friend. It is normal to feel confused or to think there is something wrong with you when others are putting pressure on you. But you can learn different ways of refusing to do something you do not like or do not want to do, while remaining true to yourself and to the things you believe.

Ask the participants to think of different ways of saying no. Examples of assertive ways of saying no include:

- You refuse politely.
- You can give a reason for your refusal (this doesn't mean you have to apologize).
- You walk away.
- You give an alternative.
- You disagree with the other person.
- You take the offensive.
- You avoid the situation.

Ask two volunteers to act out a second situation proposed at the beginning of the activity. Ask them to try using a few of the ways of refusal you just discussed. Discuss with the whole group how well the actors resisted pressure.

Exercise: Condom relay race

Objectives

To present participants an opportunity to touch and feel a condom in a non-threatening atmosphere

To help participants practise the proper way to put on a condom

Materials

Two condom demonstration models (e.g., bananas or penis models), enough condoms for all the participants, flip chart, and markers

30 minutes

Process

Divide the group into two teams. If you have equal numbers of male and female participants, consider making single-sex teams. Ask two volunteers (participants or co-facilitators) to hold the two penis models. Explain that these volunteers will serve as judges and that they will determine whether others have completed the exercise correctly.

Also suitable for training of peer educators

Tell the teams that each member will briefly demonstrate correct condom use. In turn, each participant should open a condom package, put the condom on the model, and then remove it. The winning team is the first to have everyone complete the task. Lots of cheering and encouragement make this exercise fun.

When the relay is over, ask the judges if everyone correctly demonstrated how to open the package and put on and take off the condom. Go over the correct steps of condom use and summarize these steps on a flip chart:

- Check the expiry date printed on the package.
- Open the package carefully so that the condom does not tear. Do not unroll the condom before putting it on.
- Squeeze the tip of the condom, so that you leave a centimetre of empty space at the top for semen.
- Still holding the tip, unroll the condom until it covers the entire erect penis.
- After ejaculation, pull the penis out before erection is lost, holding the rim of the condom to prevent spilling.
- Dispose of the condom in a safe place.

Also mention the importance of storing condoms properly in a cool, dry place.

Closure

Without singling anyone out, point out some mistakes people made in the condom relay. Use this opportunity to reinforce the correct steps. Tell the group that with a little practice, putting on a condom correctly can be done very quickly.

Training note

Remember that abstaining from sex or using condoms during sexual relations are the only ways to protect individuals both from unwanted pregnancy and from HIV and other STIs. Many surveys, however, show that young people do not use condoms at all or use them inconsistently, even if they are aware that condoms provide protection. This can be due to lack of skill in using condoms with a partner, lack of self-confidence when it comes to buying them, or negative attitudes towards condom use. Therefore, it is important to include condom activities in your prevention programme whenever possible. It is also useful to be able to answer the questions that young people frequently ask about condoms (see box below).

Frequently asked questions about condoms

- **Can a condom be used again**?
  No, a condom should only be used once.
- **Should you use a lubricant with a condom**?
  Lubrication helps to avoid tearing the condom. Most condoms are already lubricated when manufactured. If the condom is not lubricated, use water-based lubricants – never use oil or grease, as these can cause the condom to tear.
- **Do condoms reduce sensation?**
  Condoms are very thin but very strong. Thicker does not mean stronger. These days, condoms hardly reduce sensation.
- **Can a condom slip off inside a vagina or anus?**
  Yes, but not if you have put it on properly – read the instructions carefully and practise on your own!
- **Do condoms come in different sizes?**
  While there are several sizes of condoms, usually one size fits all.
- **What is a female condom?**
  A female condom is a strong, soft, transparent sheath made of polyurethane. It fits inside the vagina and prevents any contact with the man's semen. It can be inserted manually at any time before intercourse and removed afterwards.

Training topic — Motivational tools and techniques

Objectives of the session
To motivate participants to continue to work in the area of youth health education and to provide a collective feeling of why this work is important.

Introduction
As a way of introducing this topic, participants are given an opportunity to talk about the meaning of peer education work in their personal lives, in order to explore and increase trainees' motivations for working in the field of youth health education.

The session continues with a discussion of tools and techniques that can encourage young people to take health prevention seriously, whether to protect their own health or to care for others. Examples of useful techniques and tools include inviting a guest speaker to share his or her experience with the audience, involving people from vulnerable groups in the programme, or showing all or part of an appropriate film.

Exercise: Why do we do this work?

45 minutes

Also suitable for training of peer educators

Objectives	To increase participants' awareness about their motivation for working in peer education
	To share feelings with other group members in an open discussion session and help participants feel part of a group
	To help participants recognize as a group that the work they do is important
	To increase trainees' motivation to carry on that work
	To encourage them to remain a member of their peer education network
Materials	A comfortable place without distractions where participants can sit in a group

Process

Begin the exercise with a reminder of the ground rules about respecting privacy and confidentiality. Explain that although the participants will have opportunities to speak about their personal experiences, under no circumstances should they feel pressured to disclose more than they are comfortable sharing. They should use some judgement about how much to divulge, since this is an educational workshop and not a therapeutic clinical situation.

Share some personal feelings about how important peer education and health promotion are in your own life. You could mention some experiences that were responsible for your choice to pursue this type of work or talk about the professional career path that led you to this job.

Your comments help show participants that during this exercise speaking personally is acceptable. The group may be ready for this level of interaction, particularly if workshop activities have made them feel part of a group. An ideal scenario would be to organize a fun social activity the evening before this exercise, so that participants can relax with each other.

Some participants will probably follow your example and share personal experiences about events or losses that they have experienced and that helped them become interested in working in peer education.

Closure

Thank the trainees for participating so openly in the discussion. Explain that peer educators can use a discussion of why they work in peer education as an introduction to a workshop (a session sometimes called 'Why We Are Here'). This is likely to increase their credibility with the participants and help the audience to better identify with them.

Exercise: Visual imagery – HIV testing

45 minutes

Objective To help participants develop a deeper understanding of what people experience when they go for an HIV test.

Materials A bag or hat containing small pieces of paper in two different colours with a few pieces of a third colour

Process

Explain to the participants that they are going to do a visual imagery exercise that will help them imagine what it would be like to experience HIV counseling and testing. Be certain to adapt the imagery to the local context.

Ask each participant to take a piece of paper out of the bag or hat, remember the colour, and hold onto it. Say the following (adapt the text if necessary): *'This will work better if you close your eyes. I'd like you to imagine that you are in bed at home in the morning. The alarm clock is ringing and, as you fumble around to turn it off, you slowly wake up. You are still feeling tired, and you notice that your head is feeling heavy, a little heavier than usual. In fact, you realize that you probably have a fever, and you ache just trying to move your body. As you get up to wash, you decide that you won't go to school or work today but that you will go to the doctor to see whether you are sick.*

'At the doctor's office, you are finally examined and the doctor says that everything will be fine, you just have the flu (influenza). On your way home, however, you remember thinking in the waiting room about the fact that you have never had an HIV test. Maybe now is the time to do it. So when you get home, you call the doctor's office to make an appointment to have an HIV test.

'It's the day of the test now. Think about your journey to the clinic. Perhaps you have to take a bus, go in a car, or walk there. Imagine what the clinic looks like when you get to the door. Perhaps there is a sign on the door with the clinic's name or perhaps it's an anonymous place. You walk in, and they give you a number and you wait your turn. Finally a counsellor greets you, asks you some questions about your past behaviour, drug use, and sexual history. Then you have a blood or saliva sample drawn, and you are given an appointment to return to the clinic to receive your test results.

'The time goes slowly. Now it's the day you go for your test results. In the morning, as you wash or take a shower, you wonder what it would be like to receive a positive test result. You remember the familiar journey to the clinic. On the way you might remember an experience from your past when somehow you might have risked being infected with HIV. You enter the clinic and tell the receptionist your name. While you wait, you see the counsellors go in and out of the office with other clients.

'Now the counselor greets you and asks you to follow him or her into the office. You are shown a number to compare with the one you are carrying to confirm that the test results you are about to receive are definitely yours. Once you see that the numbers match, the counsellor opens up your file to give you your results.

Those of you who selected the paper that is [name a colour] *tested positive. Those of you who selected the* [name another colour] *paper tested negative. If you took a piece of the* [name the third colour]*, you had an inconclusive test result.'*

Allow a few moments of silence again and then continue: *'Think about whether you would say anything or ask the counsellor any questions. Maybe you are wondering with whom you might share the news.*

'Now I'd like you to come back to the present, to this room, and remember that you are in a training exercise and not really in a clinic. When you are ready, you can open your eyes, and we will share some thoughts and feelings.'

Allow the group to discuss their experience. Be ready for considerable emotion from the group members, particularly as you might have some participants who have already had an HIV test and tested positive. Allow participants to discuss their feelings, while reminding them that some of the people in the room might be affected by HIV/AIDS.

Closure

Point out that sometimes people might send others to take an HIV test without thinking about or understanding the implications. Mention that sometimes people who get a positive test result first tend to tell several people about it quickly. When the emotional impact of the news really sinks in, they sometimes regret telling some of those people. Therefore, individuals should be told to consider carefully whom they trust enough to tell the news.

Training note

Make sure that you allocate at least 45 minutes for this session and try to avoid making it the last exercise of the day or a workshop, as some participants might need some time afterwards to collect themselves emotionally. An alternative exercise, *Singles Party Weekend*, is provided in Annex 2.

Training topic | **Role play again**

Objective of the session
To build participants' skills in using role plays, a technique that is often used in peer education.

Exercise: Triads – competing for attention

Objective To practise listening and giving selective attention through role play

Materials Three chairs

30-40 minutes

Also suitable for training of peer educators

Process
Ask the participants to sit in a semicircle. Place the three chairs side by side and slightly removed from the participants. Ask three volunteers to sit in the chairs facing the rest of the group.

Begin the exercise by saying: *'The person sitting in the centre of the three chairs is the "listener", whose job is to try to listen and be attentive to the people on both sides. The person in the chair on the right must continually try to attract and keep the listener's attention. Do this by telling the person in the center about some problem that you make up. The person in the chair on the left must also try to keep the listener's interest and attention by telling the listener about your job, the wonderful, amazing job you have that you love so much. You can make up any kind of job you want. Neither of the people trying to get the listener's attention should pay attention to the other one, but focus **only** on the listener.'*

All participants in the group rotate through all three positions in sequence, moving over one seat at a time as in a big, moving circle. During this activity, you may help a participant whom you think needs some coaching – for example, encouraging him or her to try harder to capture the listener's attention. You can also stop the game temporarily to demonstrate how to work very hard to get the listener's attention. This might involve turning up the emotional 'volume', such as by showing how desperate you are to capture the listener's attention.

Closure

Allow the participants to talk about their experience with the exercise, asking them whether there were any moments that clearly stand out in their memory. Ask the group whether there were any particularly effective strategies used to get the listener's attention.

Wrap-up

The facilitator provides a brief review of the topics covered during the day. Participants are asked to think back on the day's activities and discuss some of the central themes. They can give feedback on how they feel the training is going.

Getting started
Stretching and warm-up
Feedback on Day 3
Trust-building exercise: Willow in the wind

Training Topic: Working with especially vulnerable youth

- Power walk
- One day in my life
- Problem tree analysis
- Who is at risk?
- Peer-to-peer approaches to reaching especially vulnerable youth

Wrap-up

Getting Started

Stretching exercise and warm-up

Participants are invited to lead the group in some stretching exercises. Several trainees can demonstrate in turn which muscles to stretch.

Feedback on Day 3

The feedback team delivers a summary of the feedback collected from all participants on Day 3.

Trust-building exercise: Willow in the wind

30 minutes

Also suitable for training of peer educators

Objective To help participants learn how to build trust

Materials An area in which participants have enough room to move around comfortably and to make about three circles of eight people. An area with a soft (carpeted) floor is preferable, but not essential.

> ***Training note***
> Some people may be afraid to play this game. Never force or pressure them to participate. Always respect the right-to-pass rule.

Process

Arrange the participants in three circles, making sure there is a little extra room around the outside of each circle. Move chairs out of the way.

Explain that the exercise is aimed at building trust and requires careful attention to instructions. It is important that everyone carries out the instructions carefully; if they do not, someone could get hurt. Every participant will have a chance to be in the centre, but only if he or she wants to be.

Ask for a volunteer to stand in the centre. Have the other participants stand in a circle, shoulder to shoulder, facing the person in the middle. Explain that the person in the centre is the 'willow'. The willow will be blown around but will also be supported by the wind.

Tell everyone standing in the circle to hold their hands up, with palms facing the person, just below chest height of the person in the middle. Their legs should be apart, with one slightly in front of the other, and their knees bent a little, so that they will not be thrown off balance if someone leans heavily on them.

Demonstrate how they should stand. Carefully check and monitor the circle as much as possible.

Explain that the person in the centre must remain standing as stiff as a board the whole time, with their arms crossed at chest level and hands under the armpits. When she or he is ready to begin, she or he should say, 'Ready to fall.' The circle should reply, 'Ready to catch.' The person then says, 'I'm falling,' and the circle responds, 'Fall away.'

As the 'willow' falls out towards the circle, make sure he or she remains stiff and doesn't bend at the waist. The participants support the 'willow' and slowly move him or her around, back and forth. Invite people in the circle to make very soft blowing sounds, passing air between their lips to sound like a gentle wind.

Closure

After the 'willow' has been moved around in the 'wind' for a couple of minutes, ask the group to help the person stand upright. Ask another participant to volunteer to stand in the centre.

Discuss with the participants what they felt during this exercise.

Training topic — Working with especially vulnerable youth

Objectives of the session

To help participants understand how stigma, discrimination, and other risk factors increase young people's vulnerability and to suggest effective ways to work with especially vulnerable youth.

Exercise: Power walk

40-50 minutes

Objectives

To raise awareness about the inequality of opportunities in society

To foster an understanding of possible personal consequences of belonging to certain social minorities or cultural groups

To help participants identify vulnerable and marginalised groups

To promote empathy with those who are different from oneself

Also suitable for training of peer educators

Materials

One index card for each participant with a character from a typical community written on each (see list of characters below), tape or CD player and soft/relaxing music, a list of statements (see below), flip chart and markers, and *Handout 7. Problem Tree*

Process

Write each of the characters listed below on an index card or piece of paper. (Adapt these as necessary for your cultural context.)

- Mayor of a small town (male)
- Social assistance employee in municipality (female)
- Member of the committee for minors (female)
- School teacher (female)
- Boy in detention facility, age 14
- Girl in residential institution, age 13
- Uncle, 'guardian' of a niece
- Single mother with three children, ages 12, 6, and 2
- Girl with disability, age 10
- Boy, intravenous drug user, age 16
- School principal (male)
- Teacher in boarding school (female)
- Street kid, age 10
- HIV-infected pregnant woman, age 23
- Primary school girl, age 13
- Primary school boy, age 14
- Adolescent girl, looking for a job, age 16
- Victim of cross-border trafficking, girl, age 17
- Police officer (male)
- Violent father
- Judge in juvenile justice system
- Medical doctor (female)
- Father with disability
- Migrant worker with a family of four (male)

Prepare a flip chart sheet with this list of characters. Do not display the sheet until you start Part 3 of the exercise.

This exercise requires a big space, so if room is not available indoors, you might want to take the group outside.

Training note

- Make this exercise relevant by adapting the characters and questions to your local context.
- When doing this activity outdoors, make sure that the participants can hear you, especially if you are working with a large group.
- In the imagining phase, some participants may say that they know little about the life of the person they have to role play. Tell them that this does not really matter and that they should use their imagination and do the best they can.
- The impact of this activity lies in seeing the distance increase between the participants, especially at the end when there should be a big distance between those who stepped forward often and those who did not.
- If you have fewer participants than roles, shorten the list of characters. Be sure that there is a balance in the characters who can take steps forward (i.e., can agree with the statements) and those who cannot. This also applies if you have a large group and have to devise more roles.

Part 1

Create a calm atmosphere by playing soft background music or by asking participants to remain silent. Hand out the role cards at random, one to each participant. Tell them to read their card but not show it to anyone else. Invite them to sit down.

Now ask them to begin to get into the role. To help, read some of the following questions out loud, pausing after each one to give them time to reflect and develop a picture of themselves as this person:

> What was your childhood like? What sort of house did you live in? What kind of games did you play? What sort of work did your parents do?
>
> What is your everyday life like now? Where do you socialise? What do you do in the morning, in the afternoon, in the evening?

What sort of lifestyle do you have? Where do you live? How much money do you earn each month? What do you do in your leisure time? What you do in your holidays?

What excites you? What are you afraid of?

Now, stop the music.

Part 2

Ask participants to remain absolutely silent as they line up beside each other (as if on a starting line). Tell them that you are going to read a list of statements. Every time that their character can agree to the statement, they should take a step forward. Otherwise, they should stay where they are. Ask participants to remember the number of steps they take until the end of the exercise. Now read aloud the statements listed below, one at a time. (Adapt these as necessary for your cultural context.)

- I can influence decisions made at the municipal level.
- I get to meet visiting officials from ministries.
- I get new clothes when I want.
- I have time and access to watch TV, go to the movies, spend time with friends.
- I am not in danger of being sexually abused or exploited.
- I get to see and talk to my parents.
- I can speak at town meetings.
- I can pay for treatment in a private hospital if necessary.
- I went to or expect to go to secondary school.
- I will be consulted on issues affecting children/young people.
- I am not in danger of being physically abused.
- I sometimes attend workshops and seminars.
- I have access to plenty of information about HIV/AIDS.
- I can provide a child what he or she needs.
- I have access to social assistance if necessary.
- I can talk to an adult I trust when I have problems.
- I am not isolated.
- I can report cases of violence, abuse, and neglect of children when I identify them.
- I can provide for and protect my children.

After reading all statements, invite everyone to take note of their final positions: Some participants will have moved a long way forward, while others are further behind. Ask the 'power walkers' (those at the front) to reveal what roles they are playing. Then ask those in the back to reveal their roles.

Give participants a couple of minutes to come out of their roles before debriefing as a group.

Part 3

Bring the group back together for the debriefing. Before they take their seats, ask each participant to record the number of steps each took on a table on the flip chart. When everyone is seated, ask how they felt about the activity. Then, lead a group discussion about the following questions:

> How easy or difficult was it to play the different roles? How did they imagine what their character was like?
>
> How did people feel stepping forward? Not stepping forward? How did those who made very few or no steps feel as they watched all the others moving forward? For those who stepped forward often, at what point did they begin to notice that others were not moving as fast as they were?
>
> Why are some people at the front and some at the back? Does the exercise mirror society? How?
>
> What factors might account for these disparities?
>
> Which human rights are at stake for each of the roles? Could anyone say that their human rights were not being respected or that they did not have access to them?
>
> How does gender account for the different end positions?

Closure

Discuss what first steps could be taken to address inequalities in society. How can we reach the people at the back? How can we reduce their vulnerability?

Exercise: One day in my life

40 minutes

Objectives

To create an understanding of vulnerability in society

To raise awareness of stereotypes, stigma, and discrimination towards certain groups in society

Materials

Five small sheets of paper, each labeled with one of the following characters:

- HIV-positive young woman
- Homosexual young man
- Street kid
- Young injecting drug user
- Young sex worker

(Adapt these to your country's HIV epidemic.)

Process

Ask five volunteers to wear one of the labels described above and role play that character. As they act the part assigned to them, have the volunteers tell the group briefly what their day has been like since they woke up in the morning.

Invite the audience to ask each 'actor' additional questions about his or her life and have them answer in the voice of whatever role they are playing.

Give the actors a few minutes to come out of role and then discuss the experience with the group. First, ask the actors how it felt to portray their character. Next, ask how they knew about the character whose role they had to play. Was it through personal experience or through other sources of information (news, books, and jokes)? Are they sure the information and the images they have of the characters are reliable? The responses to these questions may offer an opportunity to introduce how stereotypes and stigma work. Ask the group to identify areas of discrimination experienced by the characters.

Training note

Consider inviting representatives from an organization that works with especially vulnerable young people (or advocates for their rights) to talk to the group. Ask the representatives to share the challenges and successes of their work. This would also be an opportunity to address or review some of the prejudices or stereotypes that were brought up during the discussion in the exercise.

Closure

Emphasize how stereotypes and prejudices towards certain groups may lead to discrimination and violation of basic human rights (for example, right to education, housing, and health services).

About young people and high-risk behaviour

At some point in their lives, many young people are likely to engage in risk behaviour such as unprotected sex, alcohol abuse, smoking, or experimenting with illicit drugs. They are, therefore, more vulnerable to the consequences of such risky behaviour: sexually transmitted infections, transition to injecting drug use, and HIV infection. It is important to recognize, however, that not all young people are equally vulnerable.

Peer educators often stay in the 'comfort zone' of their own life context and experience, and they may not necessarily understand some of the specific needs of more vulnerable populations with whom they do not share certain characteristics, such as a similar socio-economic background. This is one reason why it is important that true 'peers' be the peer educators of especially vulnerable young people, rather than young people from the general population.

Exercise: Problem tree analysis

75 minutes

Objectives

To help participants identify causes and consequences of a problem a young person is experiencing and of young people's vulnerability in general

To help participants identify possible interventions to solve the problem and identify where peer education might be an appropriate strategy

Materials

Three flip charts and enough markers for the group

Process

Draw on each flip chart a tree that has large roots and branches with leaves and fruits. On the trunks of the trees, write the following statements:

- Tanya, age 16, three months pregnant
- Ruslan, age 19, injecting drug user (IDU), HIV-positive for four years
- Anna, age 15, living on the streets

(Adapt these to the situation in your country.)

Part 1

Ask the group members to stand. Give the following instructions while acting them out yourself:

> Use your body as an acting tool. Imagine yourself as a small seed; get down on your knees and curl up. While I count to ten, start 'growing' (stand up) to become a tree with your arms as branches and your fingers as fruits.
>
> Feel a gentle breeze blowing the branches back and forth, then a storm, and then the wind dying down. (Move your arms around gently, then roughly, and then gently again.)
>
> Let the tree feel itself. Let the roots move a little (move your toes) and then the branches (hands) and the fruits (fingers).
>
> Now imagine the tree is being poisoned. The poison enters the tree through the roots, moving up to the fruits (fingers die), branches (hands die) and finally the trunk. The whole tree dies. (End up by falling down to the floor.)

Next, ask the group to sit down and explain that a healthy tree gets sufficient nutrients from its roots. But if the fruits begin to turn bad, this indicates that something is not right. The nutrients are insufficient or the tree is being poisoned. What we can see first are the visible signs above the ground – the fruits, leaves, branches, and trunk of the tree begin to show signs of disease and this indicates there might be a problem at the level of the roots. It is the same for life: problems that we see, such as HIV infection or unsafe abortions, are the visible result of other problems that already existed (for example, lack of protection caused by lack of information or lack of access to health services).

Explain that problems can have both indirect and direct causes. Direct causes are more obvious and easier to identify than indirect causes. For example, not using a condom can be a direct cause of HIV infection or unwanted pregnancy. Abuse in childhood that lowers self-esteem can contribute indirectly to a person engaging in unprotected sex. Rape can directly result in unwanted pregnancy; social norms that tolerate violence against women can lead to rape and indirectly contribute to unwanted pregnancy.

Part 2

Divide the participants into three groups and explain that each group will consider a problem of a young person (see the list on page 92).

Ask each group to think about possible causes of the problem and write them on the roots of the tree. They should then do the same for the consequences and write them on the branches and fruit. Also, ask each group to discuss the links among all the factors and use arrows to indicate the links.

Allow approximately 20 minutes for this task.

Allow another 10 minutes to:

- Discuss possible strategies and interventions to solve or reduce the problem
- Identify where peer education might be an appropriate strategy

Ask each small group to present their problem tree to the other participants. Get the entire group to say what they think or ask any questions they may have after each presentation.

Closure

Explain that the roots of many problems may be different for women and men and may have different gender-based consequences. For example, young women who have unprotected sex face many more potential repercussions, both socially and for their health, than young men. Point out that peer education, where appropriate, may complement other strategies or interventions that aim at addressing problems that affect youth.

Exercise: Who is at risk?

30 minutes

Objectives

To help participants understand why some young people are more vulnerable to substance abuse than others

To create awareness of the risk factors and protective factors for substance abuse

Materials

Flip chart and markers

Process

Introduce this exercise to the group with the following question: *'What is the chance that a particular man or woman will fall in love with you?'* You may let participants come up with some answers. Continue with the following explanation: *'Now most of us know that it is not just a matter of coincidence or being decent looking. There are many other factors, some of which will work in your favour and some of which will go against you. For example, does the object of your desire already have a partner, do your interests match, are you in the same school or workplace and so are likely to meet often, do you have common friends who will act as your messengers? Depending on how you answer these questions, there will be a higher or a lower chance that you will get what you want. The same goes for drug abuse: there are a number of factors in one's life that can cause one to start using drugs; these are called "risk factors". At the same time, there are some other factors that prevent one from doing so and these are called "protective factors".'*

Next, ask participants to name as many risk factors as they can think of that could cause a young person to start abusing drugs. Emphasize that such risk factors are different from overall reasons why young people use drugs initially, such as curiosity.

Record the answers on the flip chart. If any of the factors listed on the facilitators' resource are not mentioned, bring these up yourself. Ask if everybody can agree with this list. Next, ask the group to brainstorm on the protective factors and record the answers on the flip chart.

Next, explain that both kinds of factors, risk and protective factors, can be further divided into two. They can be either personal or environmental. Personal factors are those that have to do with the individual, and environmental factors are those that have to do with the social, familial, and physical environment in which a person lives. Ask a volunteer to indicate which factors in the first list are personal and which are environmental. Follow the same procedure for the list of protective factors.

Closure

Emphasize that these factors do not cover all the possible things that contribute to drug use by young people. However, if the risk factors in an individual's life outweigh the protective factors, it is more likely that she or he will start abusing drugs. When working with young people who are at risk for substance abuse, it is most important to look at both risk and protective factors and to try not only to reduce the risk factors but also to reinforce the protective factors.

Exercise: Peer-to-peer approaches to reaching especially vulnerable youth

20 minutes

Objectives

To share experience

To develop an understanding of core characteristics of a peer outreach approach

Materials

Flip chart and markers, *Handout 8. Types of Peer-led Approaches (A)*

Process

On a sheet of flip chart paper, draw a table similar to that in *Handout 8. Types of Peer-led Approaches (A)* but fill in only the labels of the columns and rows for now.

Invite the participants who have experience with peer-led approaches targeting especially vulnerable young people to describe briefly the aims and activities of the projects in which they are or were involved.

Based on the information shared, lead a discussion with the whole group on the main differences between a peer education initiative aimed at mainstream youth (the so-called educational approach) and one that reaches out to especially vulnerable young people (the outreach approach).

Ask the participants to reflect upon the topics that are written on the flip chart:

- Settings
- Type of activities
- Methods
- Focus (type and size of audience)

Discuss these aspects with the participants and write their ideas and conclusions on the flip chart. The goal is to develop on the flip chart a table similar to *Handout 8. Types of Peer-Led Approaches (A)*. In addition, you might also briefly mention specific requirements regarding selection, training, and support of peer educators either in outreach work or in a project with mainstream youth. These issues will be discussed further in other training sessions.

Closure

Distribute *Handout 8. Types of Peer-Led Approaches (A)*.

Wrap-up

The facilitator provides a brief review of the activities covered during the day. Participants are asked to think back on the day and discuss some of the central themes. They can give feedback on how they feel the training is going.

Group excursion

It is a good idea to let participants relax at various points throughout the workshop, such as a free afternoon or organized group excursion to a place that is of interest to most of them. Let them decide whether to join the excursion or rest, read, catch up on work or other responsibilities, or explore the area on their own.

Getting started

Stretching and warm-up

Feedback on Day 4

Team-building exercise: Aha, and I was there

Training Topic: Co-facilitation skills

- Poor co-facilitation role play
- What would you do if …

Training Topic: Recruitment and retention of peer educators

- Selection criteria for recruitment of peer educators
- Debate – how to retain peer educators
- Design of peer education training

Training Topic: Counselling versus education

- Snowball fight

Wrap-up

Getting Started

Stretching exercise and warm-up

Participants are invited to lead the group in some stretching exercises. Several trainees can demonstrate in turn which muscles to stretch.

Feedback on Day 4

The feedback team delivers a summary of the feedback collected from all participants on Day 4.

Team-building exercise: Aha, and I was there

(See description, Day 1, page 47.)

Training topic — Co-facilitation skills

Objectives of the session

To create awareness that good teamwork contributes to the success of a training programme. The session provides opportunities for exploring and developing co-facilitation skills through interactive exercises.

Exercise: Poor co-facilitation role play

40 minutes

Objectives

To highlight important aspects of co-facilitation

To use humour to demonstrate the effect of poor co-facilitation

Materials

None

Process

Have two trainers role play a situation that highlights poor collaboration, including, for example, frequently interrupting each other, contradicting each other, constantly trying to be the centre of attention, pushing in front of the other, etc.

Closure

Ask participants what they thought of the role play. Ask them to give specific examples of poor co-facilitation. Ask them what should have been done instead.

Exercise: What would you do if …

Objective To teach participants to think and react instantly about co-facilitation

30 minutes

Materials *Handout 9. Co-Facilitation Styles* and *Handout 10. Co-Facilitation Quiz*

Process

Have the participants pair up and go through the co-facilitation quiz. Let them decide how they will do this task.

Closure

Ask the participants how they decided to do the quiz (e.g., individually, together). What did they find out about co-facilitating with their partner? In what ways would it be difficult to co-facilitate with their partner? How would they overcome these difficulties? Distribute *Handout 9. Co-Facilitation Styles.*

Dos and don'ts of co-facilitating

- Do go over with your co-facilitator what you will each be covering before you get to a training workshop. Be clear who is doing what and in what time frame.
- Do be on time. Be early enough to decide how you and your partner want to arrange the room.
- Do be responsible for your own time. Don't ask your co-facilitator to watch the clock and signal to you when your time is up. Carry a watch with you and check it so you are aware of how much time you have left.
- Do start and end on time. Don't go over the time agreed upon either with participants or with your co-facilitator. If you run out of time and you haven't covered all that you were supposed to, stop where you are and do better next time. Remember participants can always stay and speak to you after the session is over.
- Do contribute to your partner's leadership. Don't interrupt or challenge. Wait to be invited to speak by your co-facilitator. You can talk to participants when it is your turn to present – to give correct information or add what you know about the subject.

- Do invite your co-facilitator to speak when you need help. Don't assume he or she will rescue you. Say: *'Joe, do you have anything to add?'* or *'Jane, do you know the answer to that?'*
- Do sit off to the side when your partner is presenting a subject. Don't sit next to your partner or hide where he or she cannot see you. Sit somewhere so that you can both make eye contact but where the person who is presenting can have the spotlight.
- Do focus on what your partner is saying. Don't do other things while your partner is presenting (like reading the paper or working on your calendar or homework). When presenting after your co-facilitator, try to refer to what he or she has said. If you pay attention to what your co-facilitator is saying, your participants will, too.
- Do help when needed. Don't give directions for activities that contradict what your partner is trying to do.
- Do compliment your partner. Don't denigrate him or her. Tell your partner what you liked about his or her presentation (what she said and what she did). Positive feedback on specific actions means that action will be repeated. Don't joke with your partner if it excludes the group or demeans someone. A positive, supportive relationship between co-facilitators creates a safe learning environment for the participants. The relationship between the facilitators is of primary importance to the education of the group.

Training topic — Recruitment and retention of peer educators

Objectives of the session
To improve participants' understanding of the multiple components involved in successfully recruiting and retaining peer educators.

Exercise: Selection criteria for recruitment of peer educators

60 minutes

Objective To provide participants with guidelines on selection criteria and the strategies for recruiting peer educators

Materials Flip chart paper, markers, and tape

Process
Divide participants into four groups and ask each group to discuss one of the following questions:

- What selection criteria should be used when recruiting peer educators?
- What are key personality traits of strong peer educators?

- What strategies can be used to advertise peer education recruitment?
- What methods can be used to choose peer educators?

After each group has discussed and developed lists, ask them to report back to the entire group. Encourage the groups to present their lists by improvising role plays on them.

Ensure that participants have captured the most common responses to the questions (see the table below). After all four groups have reported back, lead a discussion on the advantages and disadvantages of the presented strategies.

Important selection criteria ▼ Peers of target audience ▼ Can meet expectations of project (this will vary according to objectives)
Key personality traits ▼ Respected by peers ▼ Non-judgemental ▼ Discreet ▼ Tolerant ▼ Role model ▼ Energetic ▼ Interested ▼ Self-confident
Common recruitment strategies ▼ Posters and flyers ▼ Television and radio announcements ▼ Website, e-mail ▼ Word of mouth, via existing peer educators and their friends
Methods for selection ▼ Application forms ▼ Nomination ▼ Interview ▼ Pre-selection training event

Closure

Explain that no matter what recruitment strategy is used, programmes should seek to represent their target audience and choose recruits based on the objectives of a project. This often means selecting a balance in gender, vulnerability, and age. Emphasize that making recruits and selected individuals aware from the beginning of what is expected will help to decrease turnover or dropping out. Finally, they should look for people who are charismatic facilitators, organized workers, modest observers, and sensitive communicators.

Training note

Building and retaining a peer educator team

After recruiting and training a team of peer educators, it is useful to develop a contract of expectations with them. The contract should be a result of collaboration with peer educators, trainers, and program staff. This contract acts as guidelines to help peer educators understand their roles. It also establishes clear responsibilities from the beginning and a timeline of commitment.

Ask the team to agree to abide by the contract and sign it. The contract should include:

- Guidelines about attendance, punctuality, and following established ground rules.
- Notification if team members know they will be absent (for example, if they have a doctor's appointment). Participants should understand that if they miss some training sessions, they are responsible for gathering the relevant information that they have missed. Explain that excessive absences or tardiness might be grounds for reassessing suitability for the team and that participants will be given warnings if their continued participation is in question.

All team members should have certain basic skills, although some might be specialists with a particular talent in a given area. Experience shows that many peer education groups naturally fall into a pattern in which they tend to rely on the same people to do the same things. For example, the group may begin to rely too much on one or two of the educators to provide scientific or medical information. If the group's 'experts' are suddenly unavailable for a training session, the others may feel incompetent or unqualified to present the relevant teaching unit.

It is important, therefore, to make sure that all peer educators in the group begin to increase their confidence and expertise so that they can cover all of the topics taught by your group. How can you make sure this happens? In an ideal world, you would train the group to a point at which you could randomly select any of the topics, and a peer educator could demonstrate how to teach the topic right away. You can teach them early in the training that they are responsible for learning everything required in the programme, perhaps by establishing a certification/qualifying test for which they can prepare. Your group may appreciate receiving a certificate marking their completion of the training, since this will demonstrate an accomplishment about which they can feel pride and which will increase their self-esteem.

As a trainer, you are likely to find yourself having to monitor and respond to the way in which peer educators behave towards one another. As with any group, interpersonal tensions may erupt. It is also common for cliques to form within a peer group. If the programme is well structured from the beginning, the use of trust-building and team-building exercises will be incorporated into the training. During the training, the facilitator should randomly assign participants to small groups and activities, so that the trainees gain maximum exposure to each other. This may help reduce the tendency for sub-groups or cliques to form. When peer educators have more opportunities to discover things they like about each other, there may also be fewer tendencies for cliques to exclude someone or treat a participant in a negative way.

Retention

Turnover, when peer educators leave the project, is to be expected once peer educators or trainers complete their contract and fulfil program expectations. Managers and trainers can help increase rates of retention by good recruitment and management and also by providing regular feedback, information, and incentives. Identifying low cost ways to retain or keep peer educators in programs should be considered an essential part of any training program. Strong youth-adult partnerships can assist in retention, including working with parents, community stakeholders, and program staff.

Exercise: Debate – how to retain peer educators

60 minutes

Objectives To identify elements of retention in peer education

To explore values related to expectations and incentives for peer educators

Materials Three sheets of flip chart paper, labelled 'retention', 'agree', and 'disagree'; copies of *Handout 11. Incentives for Peer Educators*

Process

Begin the exercise by posting the flip chart labelled 'retention'. Ask participants to brainstorm the ways that peer educators are retained in programs. List all their answers.

If not mentioned, be sure to add these items:

- Regular updates on information and skills on related education topics
- Regular feedback on the performance (as related to expectations) of the group and individual peer educators
- Peer education experiences linked to future career development opportunities
- Incentives, rewards, compensation

Explain to participants that the next exercise will help them to explore their feelings about expectations of and incentives for peer educators.

Post the two pieces of flip chart labelled 'agree' and 'disagree' at opposite ends of the room. Ask participants to stand together in the middle of the room.

Explain that you will read some statements out loud, and participants will take a position on the imaginary line somewhere between 'agree' and 'disagree' according to their response to the statement.

Examples of statements include:

- Peer educators can be motivated and kept engaged in their work by non-financial incentives.
- Peer educators should be given financial incentives for their work instead of being volunteers.
- Volunteer peer educators should be expected to work when they have time.
- Peer educators who receive financial incentives for their work are the same as volunteer peer educators.

- Peer educators should be expected to work independently, contacting their supervisors rarely.
- Most peer educators leave a program because they do not feel appreciated by their organizations.

After you have read the first statement, the participants should go to the spot that best describes their response to it. When they are all standing somewhere along the line, ask a volunteer to explain why he or she is standing there. Ask participants to provide examples of the types of financial and non-financial incentives that can be used to motivate peer educators. Let three volunteers give their viewpoint, then let the other participants react to these opinions.

Continue with the other statements in the same way. At the end of the session, provide a copy of *Handout 11. Incentives for Peer Educators.*

Closure

After reading and reviewing all the statements, explain important points about motivating and retaining peer educators. (See the box below.)

Tips for managing relationships among peer educators

- Frequently change the composition of small groups of peer educators to ensure that they all have opportunities to work with each other, separate from their closest friends or cliques.
- As much as possible, ensure that small groups include equal numbers of male and female participants and make sure that members of both sexes are able to play active roles in the activities.
- Plan activities that encourage trainees to show 'who they are' early in the training. Sharing vulnerabilities and personal information is likely to lead to increased bonding within the group, provided that the trainees feel their work is taking place in a 'safe space'.
- To identify issues on which young women and young men may have differing perspectives, ensure that some exercises are done by small groups of only male or female peer educators. They can then present their results to one another, compare their answers, and discuss similarities and differences.
- Identify and deal with points of stress within group relationships early on. Some interpersonal difficulties are inevitable.
- Encourage the group to respond collectively to contentious issues that may arise (e.g., a peer educator's irregular attendance). The impact can be greater if decisions on how to deal with the issue emerge from a group consensus.

Stress and self-care

Peer educators may feel especially dedicated to their work because of the severity of the repercussions of HIV/AIDS, especially those in high-prevalence countries and those who work with vulnerable groups. However, even when working in low-prevalence countries and with general-population youth, trainers and peer educators experience stress from the competing demands of work, home, and school.

Stress is physical, mental, or emotional pressure caused by overworking the body or mind. It can lead to physical and emotional symptoms. Common symptoms include:

- Pain (headaches or backaches)
- Changes in feelings (such as anger or sadness)
- Changes in eating habits (overeating or undereating)
- Social retreating (wanting to be alone)
- Changes in sleeping habits (insomnia or sleeping too much)
- Loss of concentration (restlessness)

A few symptoms of stress might be considered normal or fairly common for motivated and committed individuals. But stress can be limited by positive peer support and a commitment to inform trainers and peer educators about ways they can care for themselves. In serious cases, stress can lead to burnout, a serious medical condition. Self-care is a way that individuals can prevent stress from building up (see *Handout 12. Self-Care*).

Exercise: Design of peer education training

45 minutes

Objective To discuss various models and strategies for training peer educators

Materials Flip chart paper, markers, and tape

Process

First, explain that there are many different designs for peer educator training programmes, all with their own advantages and disadvantages. Some programmes use an intensive training schedule over several full days; others employ shorter, individual sessions that extend over a period of weeks or months.

One successful design of a peer educator training programme requires a consistent commitment by the trainees to one evening of training per week throughout the (academic) calendar. In such a training format, the peer educators can, for

example, meet once a week after school for two to three hours. When the group is ready to conduct community education sessions, the same evening time-slot can be used to maximize the number of peer educators who can attend. An advantage of using this programme design is that many students attending school in the daytime should be able to participate. This programme model helps to avoid some of the disadvantages associated with those that require the trainees to be available for several full days of training.

Some training models use full weekends for the initial training. It appears that these models are also often successful and commonly used. One of their advantages is that peer educators can begin their work in the field more quickly. Such programmes also provide an opportunity for intensive team building, which, when successful, results in rapid cohesiveness of the group. However, these models can make it difficult for new peer educators to join after the first sessions.

Next, divide the participants into four groups for a 15-minute brainstorming session on the different designs of peer educator training. They might consider sharing how their programmes are structured and which elements work and which do not.

After each group has finished, ask them to share their results with the entire group. Give each group five minutes to present.

Closure

Reiterate to the group that there is no ONE successful model for peer educator training. They should adapt their training to suit whatever models work in their context.

Training note

This session may also include a discussion on how to evaluate the skills of future peer educators. An example of a skills rating form is provided in Annex 3.

Balancing act – keeping the energy level up

The experience of training peer educators can sometimes feel like walking a tight rope. If you tip too much in either direction, things get wobbly and you might lose your 'balance' during the training session. You must use all of your senses to observe the group's energy level. Sometimes the trainees will give you feedback. For example, if you are talking too much about a particular subject or taking too long to process an exercise rather than moving on to something new, you might hear about it from the trainees. The feedback may be direct or indirect. Sometimes peer educators will ask to move on to something else. At other times, they may become restless, start to fidget, begin to focus their attention elsewhere, and perhaps even begin to disrupt the training segment.

One of the challenges you will face as the trainer is to ensure that you teach new facts without making the programme seem too much like being in traditional school. Watch, listen, and see when the group is finding it difficult to follow what you are saying or doing. If you see this happening, take a break and do something else. It is important, however, to keep track of what information has been covered and to re-visit it, to ensure that the team is absorbing and retaining the information.

Training topic: Counselling versus education

Objectives of the session

To create awareness that counselling is different from peer education and requires specific skills, to emphasize the need to teach peer educators referral skills, and to stress the importance of having competent adults supervise a peer education project.

Word sense

Referral skills are the ability to judge whether a person needs more extensive help or services than you can provide and to get the necessary information about where and how to obtain these additional services.

Exercise: Snowball fight

30 minutes

Objectives

To identify the differences between peer counselling and peer education

To identify skills and qualities involved in giving individual peer support

To become aware of challenges, obstacles, and limits of peer counselling activities

To emphasize the importance of referral skills in peer education

Materials

One sheet of paper per participant, pens, the text of *Handout 13. Types of Peer-Led Approaches (B)* written on a transparency for overhead projection or copied on flip chart paper, and the handout itself for distribution

Process

Part 1

Ask participants to write on a sheet of paper what they think are the differences between peer counselling and peer education. When they are finished, ask participants to crumple their sheets into a paper ball, and throw the balls around for a few minutes to other participants (having a 'snowball' fight), so that everyone gets someone else's response. Have each person read the response they now hold, ask them to respond, and then ask the group react.

Structure and summarize the discussion around the following issues:

Role of the educator

- Knows the content
- Teaches for a specific amount of time, usually short-term
- Is goal oriented
- Works to improve knowledge, attitudes, and skills to facilitate behaviour change
- Refers to other professionals as needed

Role of a counsellor

- Is trained in counselling skills
- Conducts counselling as a potentially long-term process
- Works with a person's thoughts, feelings, and behaviour
- Has an open-ended relationship with the person being counselled

- Is relationship oriented
- Addresses motivation, denial, and resistance on a personal level

Have the participants brainstorm a working definition for peer counselling, ending with a definition that is close to this one: *'Youth peer counselling is a situation where a young person turns to a trained person of his or her own age for understanding, assurance, and assistance in coping with a personal problem.'*

Part 2

Next, ask participants to brainstorm about the kinds of problems for which young people seek support from a peer. List their responses on the flip chart. You can add the following examples if they are not mentioned: unhappiness (depression), difficulties in relationships with friends or adults (parent, teacher), problems related to school, problems related to sexual behaviour, unwanted pregnancy, substance abuse, etc.

Lead a group discussion and reflection on following issues:

- Do peer educators in your programme all possess the qualities required to give appropriate support in dealing with the problems listed above? Did they get specific training to do so?
- What obstacles might stop them from giving proper support?
- What might the dangers be if peers give inappropriate support?

Closure

Point out that when a peer education programme is delivered, it is not uncommon for a young person from the audience to share a personal problem with one of the peer educators and ask for advice. In such a case, it is crucial that:

- The peer educator is a sensitive listener and has the required referral skills.
- The team of peer educators is supervised by competent adults to whom they can turn for advice.
- Peer educators need to realize that they may face sensitive and difficult issues, when they will need to be able to link to other services, counsellors, and trusted adults.

At the end of this training segment, the facilitator highlights the differences between the three peer-led approaches – peer information, peer education, and peer counselling – which are summarized in *Handout 13. Types of Peer-Led Approaches (B)* (projected on a screen or shown on the flip chart). Distribute the handout.

It should be stressed that the concept of peer counselling sometimes confuses people. In some situations, so-called peer counselling (for example, young people

answering a hotline) should be considered as 'young people providing appropriate information and referral to their peers'.

Although there is little experience of good practice and limited evidence of effectiveness of young people acting as counsellors for their peers, this approach may be appropriate in reaching some groups of especially vulnerable young people. The method is often used in HIV testing and counselling and supporting young people living with HIV.

Wrap-up

The facilitator provides a brief review of the activities covered during the day. Participants are asked to think back on the day and discuss some of the central themes. They can give feedback on how they feel the training is going.

Getting started

Stretching and warm-up

Feedback on Day 5

Icebreakers suggested by participants

Training Topic: Monitoring and evaluation

- Introductory presentation and group discussion
- Monitoring and evaluation

Training Topic: Youth-adult partnerships in action

- Defining youth-adult partnerships
- Introduction of the spectrum of attitudes theory
- Role play based on the spectrum of attitudes
- Strategies for effective youth-adult partnerships

Wrap-up and closing ceremony

- What we have covered: feedback and evaluation
- Closing ceremony and distribution of certificates

Getting Started

Stretching exercise and warm-up
Participants are invited to lead the group in some stretching exercises. Several trainees can demonstrate in turn which muscles to stretch.

Feedback on Day 5
The feedback team delivers a summary of the feedback collected from all participants on Day 5.

Icebreakers suggested by participants
Participants have an opportunity to lead an icebreaker or warm-up of their choice.

Training topic: Monitoring and evaluation

Objective of the session
To address basic concepts of monitoring and evaluation (M&E) and why it is important to develop and implement an M&E plan when conducting a peer education project or programme. In-depth training on M&E, however, is outside the scope of this curriculum. The resource list in Annex 4 (page 193) provides some useful references for further reading on the topic.

Exercise: Introductory presentation and group discussion

30 minutes

Objectives

To help build an understanding of the basic principles of M&E relevant to health promotion programmes

To identify the potential effect of monitoring and evaluation on programme quality

Materials

PowerPoint slides or overheads

Process

Using PowerPoint slides or overheads, present and discuss the key concepts, principles, and guidelines of monitoring and evaluation, which are provided in *Handout 14. Monitoring and Evaluation of Peer Education Programmes.* Distribute the handout after the session.

To introduce the topic, mention that monitoring and evaluation are not often included in project development, usually because people find it too technical an issue that is beyond their capacities or because they do not make it a priority. They are more interested in the interpersonal and managerial aspects of work than in the measurement aspects. Often, when people are passionate about what they are doing, they believe that their project is progressing well and having a big impact, and they can cite anecdotal or subjective evidence in support of their claim. For example, they can tell you how enthusiastic some participants were about a workshop or educational event. Such indicators, however, are not sufficient to inform us about the real progress and impact of the programme. It is not enough to 'feel and know' intuitively that a project is achieving its objectives. Even though some project members might find M&E boring and painstaking work, it is important to know whether, and to what extent, the project is achieving its objectives and whether it is having the desired impact.

This M&E slide presentation should include the following discussion points:

- What is **monitoring?** What is **evaluation?**
- What do we mean by the terms **process evaluation, outcome evaluation,** and **impact evaluation?**
- What are the typical peer education **indicators?**
- Why is it necessary to identify suitable indicators?
- Why is measuring behaviour change difficult?

The presentation is followed by a question-and-answer session, which also gives an opportunity to share field practices in M&E and exchange challenges and successes in this area.

Word sense

The principal components common to monitoring and evaluation include input, output, outcome (short-term and long-term), and impact (short-term and long-term).

Monitoring is the routine and systematic process of data collection and measurement of progress towards programme/project objectives. Some of the main questions that monitoring activities seek to answer include: Are planned activities occurring? Are the planned services being provided? Are the objectives being met?

Evaluation is the process of systematically investigating a project's merit, worth, or effectiveness. The question that it answers is: Does the project/ programme make a difference? The common types of evaluation include process evaluation, outcome evaluation, and impact evaluation.

Process evaluation consists of quantitative and qualitative assessment to provide data on the strengths and weaknesses of a project's components. It answers questions such as: Are we implementing the programme as planned? What aspects of the programme are strong? Which ones are weak? Are the intended clients being served? What can we do to strengthen the programme? Are we running into unanticipated problems? Were remedial actions developed? Were these actions implemented?

Outcome evaluation consists of quantitative and qualitative assessment of the achievement of specific programme/project outcomes or objectives. Usually conducted at the project-level, it assesses the results of the project. Outcome evaluation addresses questions such as: Were outcomes achieved? How well were they achieved? If any outcomes were not achieved, why were they not? What factors contributed to the outcomes? How are the clients and their community affected by the project? Are there any unintended consequences? What recommendations can be offered to improve future implementation? What are the lessons learned?

Impact evaluation is the systematic identification of a project's effects – positive or negative, intended or unintended – on individuals, households, institutions, and the environment. Impact evaluation is typically carried out at the population level, rather than at the project level. Furthermore, impact evaluation refers to longer-term effects than does the outcome-level evaluation.

Exercise: Monitoring and evaluation

60 minutes

Objectives

To identify suitable strategies for monitoring and evaluation of peer education programmes

To exchange personal experiences

Materials

Flip charts and markers

Process

Divide participants into small groups of people who work in a similar context (if possible), such as peer education in school settings, in out-of-school settings, with hard-to-reach youth, etc. Ask the groups to brainstorm on the following key questions:

- What do we evaluate in our projects?
- Why do we evaluate?
- How do we evaluate?
- Where do we evaluate?
- When do we evaluate?
- With whom do we evaluate?
- For whom do we evaluate?

When the small groups have had enough time to answer the questions, ask them to report back to the entire group. Then lead a full group discussion, posing the following questions:

- How are we going to use these data?
- What difference could this make to the work that we do?

Closure

Emphasize that a well-conducted evaluation can make a big difference in the following ways:

- It is cost-effective: it allows decision makers to continue successful programmes and improve or abandon unsuccessful ones.
- It can provide support for future funding requests.
- It can contribute to the development of new programmes.
- It can help explain why a programme failed to meet its objects (for example, poor project design, poor implementation, or unreasonable expectations).

Training topic — Youth-adult partnerships in action

Objective of the session

To promote positive attitudes that increase participants' ability to work as partners, with both young people and adults. By working in partnership, adults gain skills relevant to their professional development, youth gain skills for their future professional careers, and the partnership can enhance programs.

Introduction

Peer education is youth-adult partnership in action. Good peer education is indeed about young people and adults working together to reach the common goal of improving the health and well-being of young people.

The concept of youth participation arises from the conviction that young people have a right to participate in developing programmes and policies that affect them. Also, good practice in youth health education shows that young people's full involvement contributes to a programme's sustainability and effectiveness. It ensures that the programme responds to the specific needs, values, and concerns of youth and that the approaches used are interesting and engaging.

Therefore, when developing and implementing a youth peer education project, it is important for the overall success of the programme to build an effective partnership between youth and adults. The process begins on unequal ground because the adults have the dominant position, so the development of true partnership will require a conscious and concerted effort to achieve a balance that is satisfactory to both.

One way to view youth-adult partnership in peer education is to see it as a 'learning partnership' in which each group learns continuously from the other. Adults hold the knowledge, skills, and resources, while young people know the thoughts, feelings, and lifestyles of the youth they represent. The partnership begins by focusing on young people's ideas about how to receive certain problems, even though their thoughts may appear unprofessional or unconventional. Asking young people about their opinions, and being sincerely interested in what they have to say, gives them a sense of ownership in the work being accomplished. They gain power through their partnership with adults when the partnership includes openness and communication, mutual respect, trust, and shared decision-making. In this context, peer education programmes are unique in that youth and adults must cooperate in the common goal of improving the health and well-being of young people.

Word sense

A **partnership** is a relationship between individuals or groups that is characterized by mutual cooperation and responsibility in achieving a common goal. It is grounded on the quality and quantity of interactions, perceptions held by the partners about each other, and the degree of commitment by the partners to the relationship. Partnerships are relationships among equals, where one partner does not override the choice of the other. Partnership is multi-vocal rather than univocal, and those in the partnership get the opportunity to express their opinions.

Youth-adult partnerships arise from the conviction that young people have a right to participate in developing the programmes that will serve them and a right to have a voice in shaping the policies that will affect them. People who support youth-adult partnerships believe that youth are caring and capable. They believe young people have the capacity to make positive and wide-ranging contributions when they receive support and the opportunity to develop their skills. In addition,

they argue that programmes are more sustainable and effective when youth are partners in their design, development, and implementation and assert that evaluation results are more honest and realistic when young people assist in gathering and providing the data on which evaluation is based.

In peer education, young people are given the opportunity to take responsibility for their own health in accordance with their capacities. In partnerships with adults, they are given ownership of the work being accomplished.

Word sense

In the context of youth-adult partnerships, **'tokenism'** means only making a symbolic, rather than substantive, effort to include youth in development and implementation of a programme.

Exercise: Defining youth-adult partnerships

15 minutes

Objectives

To introduce the concept of youth-adult partnerships

To develop a working definition for the purpose of the training

Materials

Definitions (shown below) on PowerPoint slides or overheads, flip chart and markers, *Handout 15. Definitions of Youth and Youth Participation* and *Handout 16. From Youth Participation to Youth-Adult Partnerships*

Process

Ask each participant to think how they would define partnership between youth and adults. Have two or three volunteers share their definitions with the group and write the definitions on the flip chart.

Next, display the following information as a slide or overhead:

Youth-adult partnership is one that:

1) Integrates the realistic perspectives and skills of youth with the experience and wisdom of adults
2) Offers both parties the opportunity to make suggestions and decisions
3) Recognizes and values the contributions of both young people and adults

4) Allows youth and adults to work in full partnership – envisioning, developing, implementing, and evaluating programmes

Youth-adult partnerships are **not** simply a checklist that either youth or adults follow.

Ask some volunteers to read that definition out loud and to share their interpretation. Then, continue reading and share with the participants what does **not** constitute youth-adult partnership:

1) Youth-adult partnerships are **not** ways to hide the fact that programs are designed, developed, and run by adults.
2) Tokenism is not partnership. Examples of tokenism:
   - Having youth present but with no clear role
   - Assigning to youth tasks that adults do not want to do
   - Having youth make appearances without training
   - Having only one youth on a board or council

Closure

Distribute the handouts. If participants are still confused about partnerships between youth and adults, explain that defining such partnerships may become easier as the session proceeds. In that case, you might want to continue with the session and come back to the definitions at the end, if time allows.

Exercise: Introduction of the spectrum of attitudes theory

15 minutes

Objective To introduce a theoretical framework for moving towards effective youth-adult partnerships

Materials Flip chart on which you have written the descriptions of 'Youth as Objects', 'Youth as Recipients,' and 'Youth as Partners' from the bold type below (taken from *Handout 17. Challenges to Building Effective Youth-Adult Partnerships*)

Process

Explain that research in the field of youth development recognizes that skills (especially, communication skills) are important in youth-adult partnerships but that **attitude is even more important**. William Loftquist has developed a theory about a spectrum of attitudes, which shows whether youth-adult partnerships will be successful. If adults hold attitudes that undermine partnership, true partnership will not materialize. Attitudes that support partnership provide the potential for true partnership development.

Next, distribute the handout and point out the description of the spectrum of attitudes. Begin discussion about the first attitude, 'youth as objects'. Read the text from the handout or the flip chart, or ask a volunteer to do so.

Youth as objects: Adults believe they know what is best and attempt to control all situations in which youth are involved.

If read by a volunteer, ask him or her to give an illustrative example.

If you read the text, illustrate the attitude with the following example: *'Let's say that I am working for a non-governmental organization on a peer education project for HIV/AIDS prevention. I have recruited a young artist named David to help me design a poster with HIV/AIDS prevention messages, to be placed in secondary schools in the district. If I hold the attitude of "youth as objects", I will tell David exactly how the poster should look, what messages it will deliver, and where the poster will be placed. I will control every aspect of the project. It would be understandable if David did not want to work with me anymore since I am wasting his time and talent.'*

Explain that this attitude is often based on the belief that youth are in need of protection from the outside world. Therefore, the adult tells the youth exactly how the programme will run, including all operational details. The adult evaluates the programme without input from youth.

The second attitude is 'youth as recipients'. Read the text from the handout or the flip chart, or ask a volunteer to do so.

Youth as recipients: Adults allow young people to take part in decision-making because they think the experience will be 'good for' the young people.

If read by a volunteer, ask him or her to give an illustrative example.

Explain that some adults have this attitude, which patronizes youth. Adults with this attitude think that involving youth will be a 'good experience' for them as they transition into adulthood but that youth participation is only somewhat useful and not important to the programme. Thus, youth are allowed to conduct only trivial activities ('It won't matter if they mess up') or activities that adults do not want to do. In fact, this attitude often results in adults' treating youth as tokens. An example is remembering at the last moment to include youth on a panel or in a discussion.

Refer the participants to Hart's Ladder of Participation *(Handout 16. From Youth Participation to Youth-Adult Partnerships)* which depicts participation on a continuum, from manipulation and tokenism, which do not constitute real participation, to higher levels of participation in which young people initiate, direct, and share decisions with adults.

Ask that participants who can relate to this attitude to put up their hands.
Ask them if they ever have felt belittled or demeaned by adults simply because they are young.

To further explain the 'youth as recipients' attitude, refer back to the previous example: '*Let's say that I hold this attitude. With David, I might plan and develop the poster's message and layout, and then allow David to choose a colour for the text. Or I might have David put the posters up in schools, because I don't want to and don't have time.'*

The third attitude, which is what we are working to achieve, is 'youth as partners'. Read the text from the handout or flip chart, or ask a volunteer to do so.

Youth as partners: Adults respect young people as having something significant to offer and recognize the great impact youth bring to a project. Youth are encouraged to become involved.

Adults who have this attitude treat youth with respect. As a result, everyone gains from the partnership.

Returning to the example, ask the participants how an adult who believed in youth as partners would work with David.

Possible answers could be: Ask David to design the poster. Ask David to collaborate with some of his peers to develop messages for the poster or ideas for its design. Convene a meeting of many youth, including David, and get their input. Ask David to lead the project and to organize a committee with both youth and adults and assign responsibilities based on abilities, talents, background, and interest.

Closure

Close by saying, *'Remember, partnership is about moving away from seeing youth as objects or recipients. It is about combining the skills of youth and adults in order to develop more effective programmes.'*

Exercise: Role play based on the spectrum of attitudes

40 minutes

Objective To explore theoretical attitudes towards building skills around partnerships

Materials Index cards, tape

Process

Before the exercise, write 'adult' on four index cards and 'youth' on another four cards. Write one of the following attitudes on the back of each adult and youth card, as indicated:

Adult

You want to control everything.
You are a caring, committed leader who wants this project to be a success.
You patronize youth.
You ignore the youth.

Youth

You want to control everything.

You are a caring, committed leader who wants this project to be a success.

You are negative about everything that is suggested.

You are bored and do not want to work on the project.

The cards should be legible from a distance of half a meter. Depending on the size of your group, you may need several sets of these cards.

Remind participants about the spectrum of attitudes theory discussed in the previous exercise and refer them to *Handout 17. Challenges to Building Effective Youth-Adult Partnerships.* Ask how many youth know of adults who have attitudes that inhibit their efforts to work together. Explain that the group will role play different attitudes by dividing into two to four groups of eight people each (depending on the total group size).

Randomly distribute a card to all participants and ask them not to share their cards with anyone. Have them read the role they will play and then tape the card to their chest so that the youth/adult side is showing.

Ask the group to imagine that they have been assigned the task of planning a benefit concert for World AIDS Day featuring three of the hottest music groups in the country. Tell them they will have 10 minutes to develop their plan while playing their roles, and they must all eventually agree on the plan. Let them know that they should also prepare to give a short presentation of their plan to the entire group.

After 10 minutes, even though they will not have had enough time to finish their plan, stop the role play and ask participants to tell the others in their group what their index card says – that is, what role they were playing.

Next, have each group to share its plan with the entire group. Ask if all members of the group are in agreement about the plan.

Note: No group should really have a complete plan, given the opposing roles they played.

Closure

Ask one participant from each small group to describe to the entire group what process they went through while trying to develop a plan. Then ask each small group the following questions:

- Who was the hardest person to work with?
- What did people do to reach out to this person?
- Did the adults or youth dominate?
- How did it feel to play your role?
- Some people had the same role. Did you find them acting differently if they were a youth or adult?
- What were the most effective strategies for working together towards the plan?

Exercise: Strategies for effective youth-adult partnerships

45 minutes

Objective To discuss the benefits of youth-adult partnerships, barriers to and challenges of developing them, and strategies for creating effective youth-adult partnerships.

Materials Flip chart and markers, *Handout 18. Case Study* and *Handout 19. Building Effective Youth-Adult Partnerships*

Process

Before you begin, ask participants to go back into the small groups from the previous exercise.

Distribute Handouts 18 and 19 to each group and ask them to brainstorm solutions to the situation posed in the case study.

Be very clear with the instructions. Ask participants to use the information in the handout, as well as what they have learned from their own experience, to think of solutions to the situation posed by the case study. Ask them to focus on **strategies for better youth-adult partnerships in the situation**, not on ways to make interventions more effective.

Have participants document their discussion on flip chart paper.

Give each group about 15 minutes, with a five-minute warning before their time is up.

Ask one member of the first group that presents to read the case study and another member to share the strategies the group developed. Then give each group about five minutes to make its presentation. When a group has finished, ask other groups to acknowledge the common elements that they share with the previous group and to focus more on elaborating the new ones in order to contribute ideas to solve the situation.

Note: Facilitators should assist with the discussions, but remember to participate rather than dominate the discussions.

Closure

After the last group has presented, say, *'I hope these case studies were realistic and helped you think about the strategies you discussed and ways that you can apply these strategies in your own organizations and programmes.'*

Wrap-up and closing ceremony

What we have covered: feedback and evaluation

The lead facilitator invites the participants to sum up what has been covered in the past six days. Looking back at the initial expectations of the group, and also at the many flip chart sheets which cover the walls of the training room, the facilitator adds important points not mentioned. Participants provide feedback on what they view as the highlights of this training, what was not achieved, and what topics require further training.

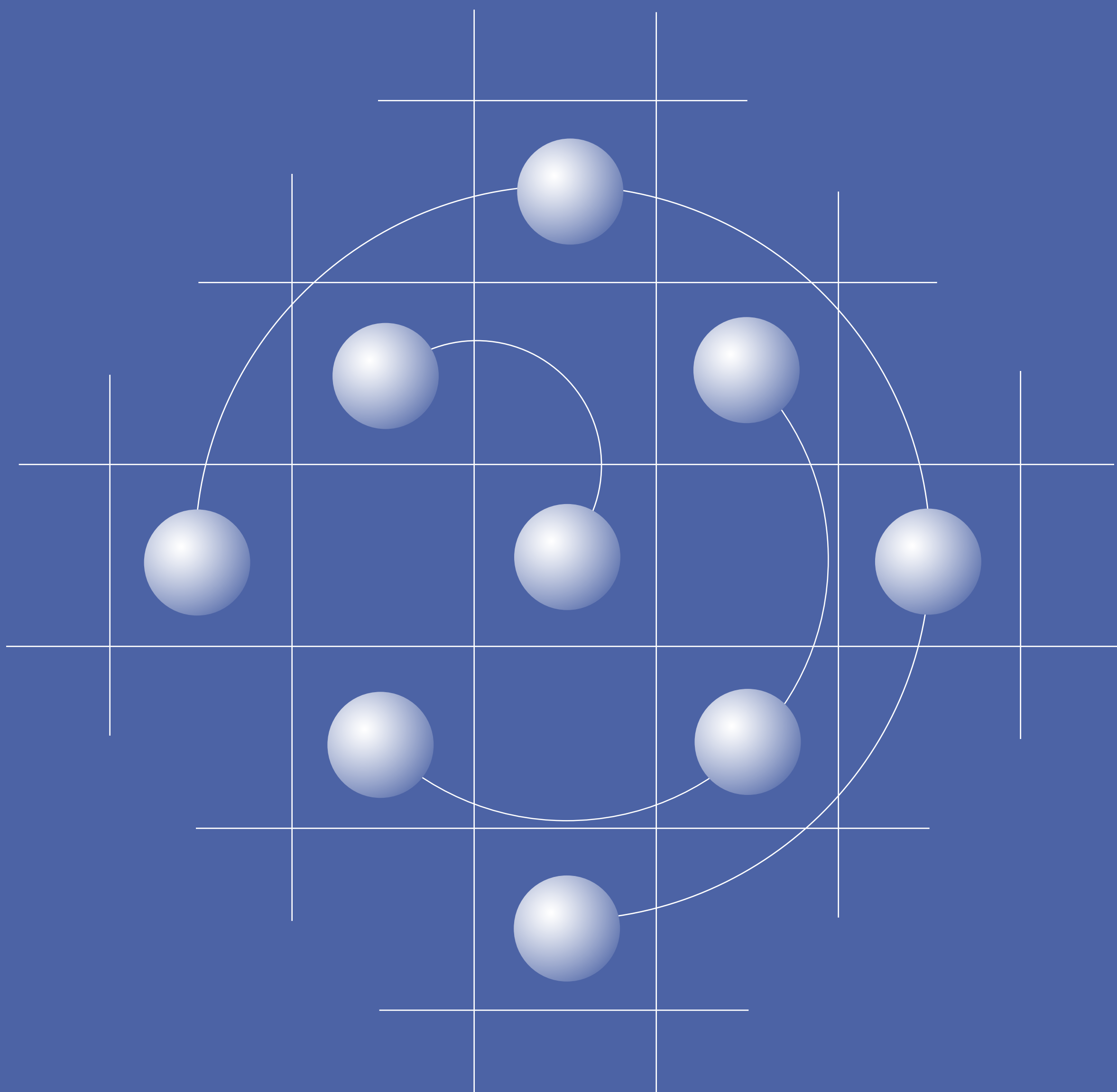
The post-test questionnaire (found in Annex 1) is administered.

Closing ceremony and distribution of certificates

Allow enough time for a well-planned closing ceremony, which should include a congratulatory speech by the lead organizer and the facilitators, as well as time for the participants to express themselves. In addition, ensure that professional certificates of completion are distributed. These certificates are very valuable for the participants' professional career and serve as a reward for their hard work in the previous six days.

Section 3

A Sample Peer Education Session on HIV/AIDS



3 A Sample Peer Education Session on HIV/AIDS

Session introduction

Audience
This basic introduction to HIV/AIDS is aimed at young people between 14 and 20 years old.

Setting
The setting could be anywhere that is suitable for organizing a well-planned educational activity, such as in a school, a youth club, or a summer camp.

Objectives
To create awareness of HIV/AIDS, to equip young people with information and skills to protect themselves from infection, and to build positive attitudes towards those affected by HIV/AIDS.

Time
3.5 hours

Preparation of the peer educators
The peer educators should be trained in interactive methodologies, be capable of managing an audience of young people in a sensitive and appropriate fashion, and have some expertise in the health issues with which the session deals.

Before peer educators present a session, they should agree upon and create a written agenda that outlines what to cover and what activities the session will include. They should also decide who will lead or co-facilitate each of the activities and assign an understudy for each section, in case a facilitator is unable to attend.

The session should be rehearsed before the event, preferably a week ahead of time. People sometimes think they are better prepared to conduct a session than they really are, and this only becomes apparent when they rehearse.

Activities
- Questionnaire (10 minutes)
- Introduction (5 minutes)
- Icebreaker (10 minutes)

- Ground rules (15 minutes)
- What does safer sex mean to you? (20 minutes)
- Guest speaker or video (30 minutes)
- Break (20 minutes)
- HIV/AIDS: Basic facts and questions (30 minutes)
- Role play (25 minutes)
- Condom demonstration (25 minutes)
- Final questions (10 minutes)
- Wrap-up (10 minutes)

Materials

Flip chart, markers, paper or index cards, condoms, *Handout 3. HIV/AIDS Quiz,* and *Handout 20. Ten Facts about HIV/AIDS*

Before you begin

- Prepare and make copies of the pre-workshop and post-workshop questionnaire (see Annex 1).
- Write the questions for *What Does Safer Sex Mean to You?* (see page 130) on paper or index cards.
- Make copies of the handouts.

Description of activities

Pre-workshop questionnaire (10 minutes)

Hand out the pre-workshop questionnaires as the participants walk into the room. Ask each person to fill it out without any help from his or her friends. Participants should be given about 10 minutes to complete the questionnaires, after which the peer educators collect them. If possible, the educators should try to scan through them quickly to see what the participants already know about the subject, which will help them determine what information they need to focus on. The same questionnaire may be used at the end of the session to help evaluate whether the session was successful.

Introduction (5 minutes)

It is good to begin with an introduction to the peer education session, to the participants, and to the facilitators. Two examples of introductory activities, both relating to a presentation about HIV/AIDS, are provided on page 129.

Why we are here

For this exercise, the peer educators stand in a line, say their names, and say why they want to teach others about HIV/AIDS. After introducing himself or herself, the last educator says: *'What we are trying to say is that we all, each and every one of us in this room, have to deal with the reality that HIV and AIDS exist in the world and have an impact, directly or indirectly, on our lives. Therefore, in a sense, we are all "people living with AIDS". You do not have to be infected to be affected.'*

Introduction – Hello, my name is … and I am a person living with AIDS

This exercise is a great way to get attention and make a bold statement about why the peer educators are at the workshop and how AIDS affects everyone. Some educators prefer not to use it, however, because audiences do not always understand that the educators are not actually saying they each have AIDS. Others like to use this exercise and feel it is worth the risk. The peer educators form a line in front of the audience. The first person at one end of the line starts by saying, *'Hello, my name is* [name] *and I am a person living with AIDS.'* This continues down the line until every educator has spoken. After the last educator gives his or her name, he or she says, *'Sometimes this part of our presentation can be very deceptive. People have walked away thinking that we are all HIV-positive. This is not what we are trying to say. What we mean is that we all, each and every one of us in this room, have to deal with the reality that AIDS exists in this world and has an impact, directly or indirectly, on our lives. Therefore, in a sense, we are all "people living with AIDS". You do not have to be infected to be affected.'*

Icebreaker (10 minutes)

There are many icebreakers that can be used, including games and exercises such as *Pass the Beat* and *How Careful Are We with Our Health?* See Section 2 (pages 32 and 40) for a detailed description of these games.

Ground rules (15 minutes)

It is essential for the group to decide upon some ground rules, so that everyone participating in the session is comfortable. Have the group brainstorm on what they consider important rules, and make sure that the list includes:

- **Confidentiality.** People need to respect each participant's personal information, only sharing general information outside the session, without using a participant's name.

- **Respect.** You must respect everyone in the group. This means there are no attacks on people, and everyone must be sensitive to other people's points of view. Use 'I' statements. It is much more effective to say, 'Well, for me personally, I feel that …', than to say, 'No, you're wrong, the right thing is …'
- **Attentiveness.** Listen to what other people are saying. You will not only learn something but also make the people who are speaking feel more comfortable.
- **Openness.** To get the most out of the session, people should be encouraged to speak about their own experiences and not to speak for others. Take risks – do not be afraid to speak openly as long as you are not aggressive, abusive, or insensitive.

What does safer sex mean to you? (20 minutes)

Divide participants into groups of about six to eight people. Each group is given a question to discuss and answer. If the audience is small, there may be fewer groups formed, and the faster groups can be given a second question to brainstorm.

The peer educators spread themselves among these groups as facilitators, ideally with two or more per group, to encourage the group and help them think of more answers by giving ideas and 'clues'.

Five questions to ask in a workshop dealing with HIV/AIDS could be:

- Why do some people have sex?
- What are the reasons to wait or abstain from sex?
- What are some alternatives to sexual intercourse?
- Why do some sexually active people not use condoms for protection?
- How can we encourage someone (e.g., a partner) to act in a safer manner?

Guest speaker or video (30 minutes)

If time allows, a guest speaker – a person living with HIV – should be invited to share his or her experience. It is best if the peer educators know the speaker well and know that she or he is a good public speaker and is well prepared. This part of the presentation is usually most effective when the speaker talks about personal experiences to which the audience might be able to relate. An emotionally engaging video about the HIV/AIDS epidemic is another way to get people motivated if a person living with HIV is not available.

Break (20 minutes)

HIV/AIDS: Basic facts and questions (30 minutes)
A quiz can be used as an entry point to discuss the basic facts and questions about HIV/AIDS. Handout 3 provides a sample quiz, and Handout 20 gives key information on HIV/AIDS. For additional information, consult the resource list in Annex 4.

Role play (25 minutes)
Throughout the session, participants may raise particularly important issues or points, such as how to say 'no' in certain situations and how to help peers better protect their health. Peer educators may use these issues as the topic of the role play. They may choose to include one or more members of the audience in the role play, or have only peer educators participate. See Section 1, page 21 and Section 2, page 48 for additional information on role plays.

Condom demonstration (25 minutes)
In any HIV/AIDS educational session for young people who may be sexually active, it is strongly recommended to include activities about how to use condoms properly and how to say 'no' to unprotected sex. See the exercises and the detailed description on performing a condom demonstration in Section 2, page 75.

Final questions (10 minutes)
At the end of the session, the audience is invited to share their reactions to what they have experienced during the session. They may have responses to the role plays or questions that they felt were unanswered during the session. Although they should be encouraged to ask questions and give comments at any point, this is their chance to ask any questions they may still have. The peer educators also have the opportunity to review issues that may have arisen out of the role plays – for example, some of the choices made by the role-play characters might merit discussion.

If an HIV-positive speaker is present, the participants have the opportunity to ask him or her questions that may have come to them during the presentation.

Wrap-up (10 minutes)
In a wrap-up session, thank all participants and support staff for their contribution. Participants should complete a post-training questionnaire (see Annex 1).

After the session ends, the peer educators might want to wait for a few minutes so that people can approach them with comments or questions. Sometimes someone will have a personal issue to discuss or will need help in finding out where to obtain further information. She or he might be more comfortable approaching an educator individually rather than during the session.

Section 4

Participant Handouts

Direct Experience

Participation
(Trainer introduces the activity/exercise and explains how to do it)

Trainees participate in:
Brainstorming
Role play and story-telling
Small-group discussion
Case studies
Games and drawing pictures

Reflection
Thoughts/Feelings
(Trainer guides discussion)

Trainees participate in:
Answering questions
Sharing reactions to activity
Identifying key results

Generalization
Lessons Learned
(Trainer gives information, draws out similarities and differences, summarizes)

Trainees participate in:
Presenting their results and drawing general conclusions

Application
Next Steps
(Trainer gives suggestions)

Trainees discuss:
How the knowledge/skills can be useful in their lives
How to overcome difficulties in using knowledge/skills
Plan follow-up to use the knowledge/skills

The theory of reasoned action

This theory states that the intention of a person to adopt a recommended behaviour is determined by:

- The person's attitudes towards this behaviour (his or her beliefs about the consequences of the behaviour)
- The person's perception of the social norms towards a certain behaviour in a group or culture

In the context of peer education, this concept is relevant because:

- Young people's attitudes are highly influenced by their perception of what their peers do and think
- Young people may be highly motivated by the expectations of respected peer educators

The social learning theory

According to this theory, individuals can increase their ability to take control of their lives (called self-efficacy) by acquiring new knowledge and skills that teach them how to better handle situations. This learning can occur:

- Through direct experience
- Indirectly, by observing and modelling the behaviour of others with whom the person identifies
- Through training in skills that lead to confidence in carrying out a behaviour

In the context of peer education, this means that the inclusion of interactive experimental learning activities is extremely important and that peer educators can act as influential teachers and role models.

The diffusion of innovations theory

This theory argues that social influence plays an important role in behaviour change. The role of opinion leaders in a community, acting as agents for behaviour change, is a key element of this theory. Their influence on group norms is predominantly seen as a result of person-to-person exchanges and discussions.

In the context of peer education, this means that the selected peer educators should be trustworthy and credible opinion leaders within the target group. Especially in outreach work, where the target audience is not reached through formally planned activities but rather through everyday social contacts, the role of opinion leaders as educators may be very important.

These three theories assert that people adopt certain behaviour not because of scientific evidence but because of the subjective judgement of close, trusted peers who act as role models for change.

The theory of participatory education

This theory states that empowerment and full participation of the people affected by a given problem is key to behaviour change. The relevance of this theory in the context of peer education is obvious: many advocates of peer education claim that the (horizontal) process of peers talking amongst themselves and determining a course of action is key to the success of a peer education programme.

The health belief model

The health belief model suggests that if a person has a desire to avoid illness or to get well (value) and the belief that a specific health action will prevent illness (expectancy), then the person will take a positive action towards that behaviour. An important aspect of the health belief model is the concept of perceived barriers, or one's opinion of the tangible and psychological costs of the advised action. Peer educators could reduce perceived barriers through reassurance, correction of misinformation, and assistance. For example, if a young person does not seek health care in the local clinic because he or she feels that confidentiality is not respected, the peer educator may provide accurate information on a youth-friendly service, thus helping to overcome the barrier to accessing proper health care.

Social ecological model for health promotion

According to this model, behaviour is determined by the following:

- Intrapersonal factors – characteristics of the individual such as knowledge, attitudes, behaviour, self-concept, and skills
- Interpersonal processes and primary groups – formal and informal social network and social support systems, including the family, work group, and friendships
- Institutional factors – social institutions with organizational characteristics and formal and informal rules and regulations for operation
- Community factors – relationships among organizations, institutions, and informal networks within defined boundaries
- Public policy – local, state, and national laws and policies

This theory acknowledges the importance of the interplay between the individual and the environment, and considers multilevel influences on unhealthy behaviour. In this manner, the importance of the individual is de-emphasized in the process of behavioral change.

IMBR model: information, motivation, behavioural skills, and resources

The IMBR model addresses health-related behaviour in a way that can be applied to and across different cultures. It focuses largely on the information (the 'what'), the motivation (the 'why'), the behavioural skills (the 'how'), and the resources (the 'where') that can be used to target at-risk behaviours. For example, if a young man knows that using condoms properly may prevent the spread of HIV, he may be motivated to use them and know how to employ them correctly, but he may not be able to purchase or find them. Thus, the concept of resources is important to this model.

In the context of peer education, this means that a programme that does not include all four IMBR concepts probably lacks essential components for reducing risk behaviour and promoting healthier lifestyles. A programme might, for example, explain to young people the need for contraception and describe contraceptive methods but omit demonstrating their proper use. Participants would then be informed about what to do but not how to do it.

Questions

1. What does AIDS stand for?
2. What does HIV stand for?
3. Can you get HIV from kissing?
4. 'You can catch AIDS from sharing infected needles'. Is there anything wrong with this statement? Answer yes, no, or I don't know. If you answer yes, explain what is wrong with the statement.
5. What does it mean if someone is diagnosed as HIV-antibody positive (HIV+)?
6. How can HIV be transmitted from mother to child?
7. In the context of testing for HIV, what do we mean by the 'window period'?
8. The HIV virus cannot survive outside the body. True or false?
9. Why does anal sex carry more risk of HIV transmission than other kinds of sex?
10. You cannot get HIV infection from giving blood with sterile syringes. True or false?

Correct answers

1. Acquired immunodeficiency syndrome
2. Human immunodeficiency virus
3. Kissing only carries a risk if there is an exchange of blood from an HIV+ person to his or her partner. This can occur when the skin or mucous membranes in or around the mouth are damaged.
4. The statement is wrong: you contract HIV (the virus), but not AIDS.
5. It means that the white blood cells have produced antibodies in reaction to the presence of HIV in the bloodstream. It proves that the person is infected with HIV. However, the antibodies cannot kill the virus!
6. During pregnancy, delivery, and breastfeeding.
7. HIV antibodies usually take between two and three months to appear in the bloodstream. This period is called the 'window period', during which an infected person will test negative, even if she or he has the virus and is infectious.
8. True.
9. The rectum bleeds easily, allowing blood to mix with semen carrying HIV.
10. True.

1. Condoms are the most effective protection against the spread of sexually transmitted infections (STIs).
   FALSE
   - Abstinence from sexual intercourse is the best way to prevent the spread of STIs.
   - Condoms are the next best prevention, but only complete sexual abstinence is 100 percent effective.

2. Biologically, both men and women have an equal risk of acquiring an STI from a sexual partner.
   FALSE
   - Women are more vulnerable to STIs than are men because women's mucous membranes are larger and more sensitive. Small tears are common in the vagina.

3. Women who take contraceptive pills are protected from pregnancy and STIs.
   FALSE
   - Fluid exchange puts you at risk of contracting STIs. The pill is not a barrier that protects from fluid exchange.
   - When taken consistently, the pill is an effective hormonal method for preventing pregnancy.

4. Using two condoms at once ('double bagging') provides more protection against STIs.
   FALSE
   - Condoms are made to be used alone – friction between two condoms can cause breakage.
   - Do not combine a male condom with a female condom.

5. Condoms are not always effective in preventing human papilloma virus (HPV), which causes genital warts.
   TRUE
   - HPV can be transmitted by touching (hand to genital or genital to genital) an infected person's lesions.
   - Genital warts can be found on parts of the genitals (testicles, vulva) that are not covered or protected by a condom.
   - Genital warts are transmitted during an outbreak. However, a person may not be aware that he or she is having an outbreak, since warts are not always visible.

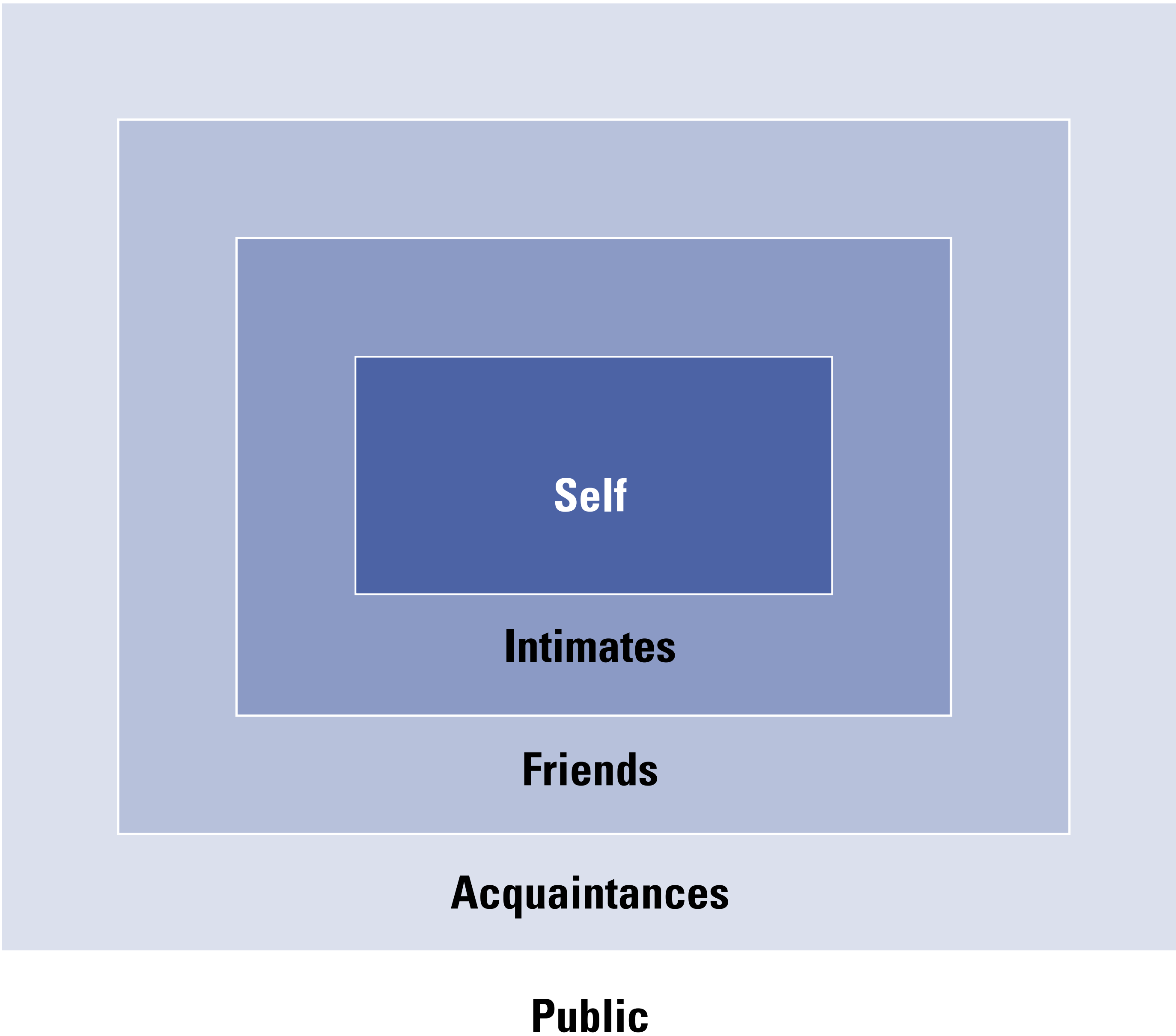
6. Someone infected with chlamydia usually has noticeable symptoms.
   FALSE
   - Most people infected with chlamydia show no symptoms (the same is true for gonorrhoea).
   - If left untreated (with antibiotics), chlamydia (and also gonnorhoea) can cause long-term complications (infertility and pelvic inflammatory disease in women and prostatitis in men).
   - Symptoms: In women – pain or dull ache in cervix, heavy feeling in pelvic area, pain when urinating or during intercourse, heavier menstrual flow, heavy cervical discharge; in men – urethral discharge, pain when urinating, epididymitis.

7. A person with herpes can infect a partner even if he or she does not have any visible lesions.
   TRUE
   - Transmission is possible in the absence of lesions.
   - The contagious time is at the beginning of an outbreak, during 'shedding', when the infected person feels pain or a tingling, burning, itchy sensation.
   - The least contagious period is when the infection is dormant and there are no visible lesions.

8. Gonorrhoea can be cured with antibiotics.
   TRUE
   - There are two types of STIs: bacterial and viral. Gonorrhoea is a bacterial STI. Bacterial STIs can be cured with antibiotics. Viral STIs cannot be cured, although they sometimes go into remission (meaning you have no symptoms); antiviral drugs may help some people maintain a state of remission.
   - Symptoms: In women – pain or dull ache in cervix, heavy feeling in pelvic area, pain when urinating or during intercourse, heavier menstrual flow, heavy cervical discharge; in men – urethral discharge, pain when urinating, epididymitis.

9. Only women can be tested for STIs.
   FALSE
   - Both men and women can be tested for most bacterial and viral STIs.
   - The tests differ for men and women and depend on a person's sexual behaviours (the health-care provider may need to take oral, cervical, urethral, or anal cell cultures).
   - There are three types of STI tests: blood tests (syphilis, HIV); cell cultures (chlamydia, gonorrhoea); and visual inspections (HPV, herpes).

10. Which one of the following STIs cannot be cured?
    ❑ Chlamydia ❑ Gonorrhoea ❑ Herpes
    HERPES
    - There are two types of STIs: bacterial and viral. Herpes is a viral STI. Bacterial STIs can be cured with antibiotics. Viral STIs stay in the human body, sometimes without symptomatic outbreaks (remission); antiviral drugs may help some people maintain a state of remission.

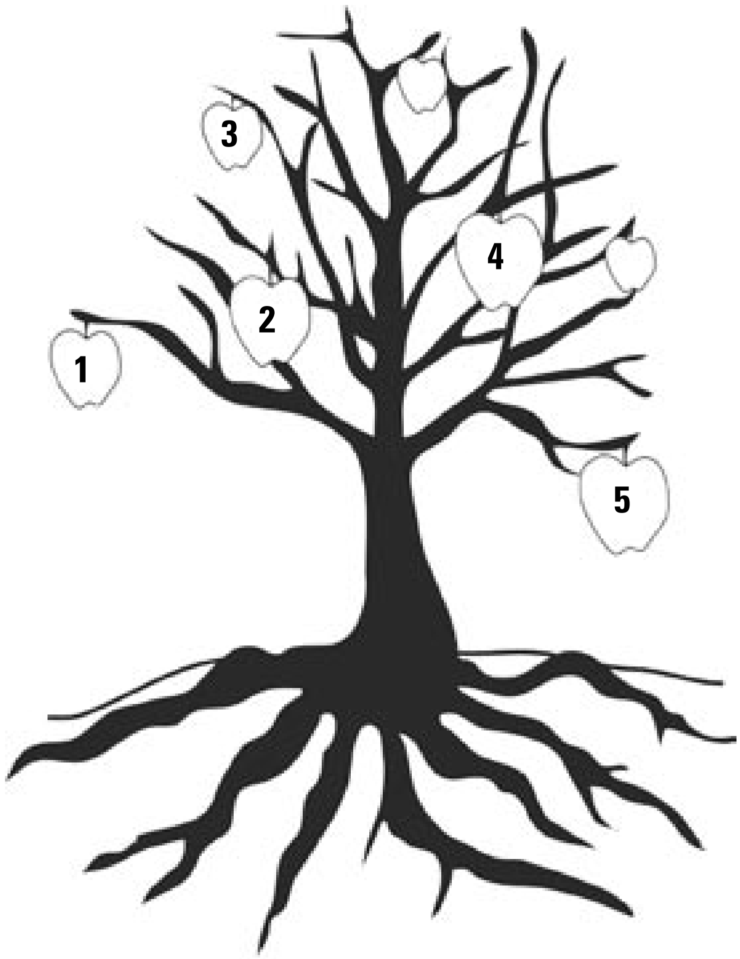

Self
Intimates
Friends
Acquaintances
Public

Sex refers to the biological differences between males and females. These differences are concerned with physiology and are generally permanent and universal. Sex identifies a person as male or female: type of genital organs (penis, testicles, vagina, womb); type of predominant hormones circulating in the body (estrogens, testosterone); ability to produce sperm or ova (eggs); ability to give birth and breastfeed children.

Gender refers to the socially constructed roles, responsibilities, and expectations of males and females in a given culture or society. These roles, responsibilities, and expectations are learned from family, friends, communities, opinion leaders, religious institutions, schools, the workplace, advertising, and the media. They are also influenced by custom, law, class, ethnicity, and individual or institutional bias. The definitions of what it means to be female or male are learned, vary among cultures, and change over time.

If anyone asks about dictionary definitions of sex and gender, point out that dictionary definitions tend to define sex and gender in a similar way, but that in peer education training, we use a social-science definition of the term ‘gender’.

Trunk of the tree: 17-year-old girl involved in transactional sex (sexual relationships in exchange for clothes, food, and other goods)



Roots:

1. Poverty
2. Coerced sex, rape, incest
3. Lack of communication with parents
4. History of alcohol or drug abuse or other risk-taking behaviors
5. Family violence
6. Lack of education or reproductive health education
7. Unfriendly social situations
8. Early sexual debut
9. Desire to be independent

Branch 1: Dropping out of school

Apples for branch 1:

1. No education
2. Limited career possibilities

Branch 2: Guilt, fear, low self-esteem

Apples for branch 2:

1. Suicide
2. Social isolation

Branch 3: Prostitution

Apples for branch 3:

1. Involvement in crime
2. Problems with the legal system and police

Branch 4: Stigma

Apples for branch 4:

1. Limited access to services
2. No friends, lack of social support

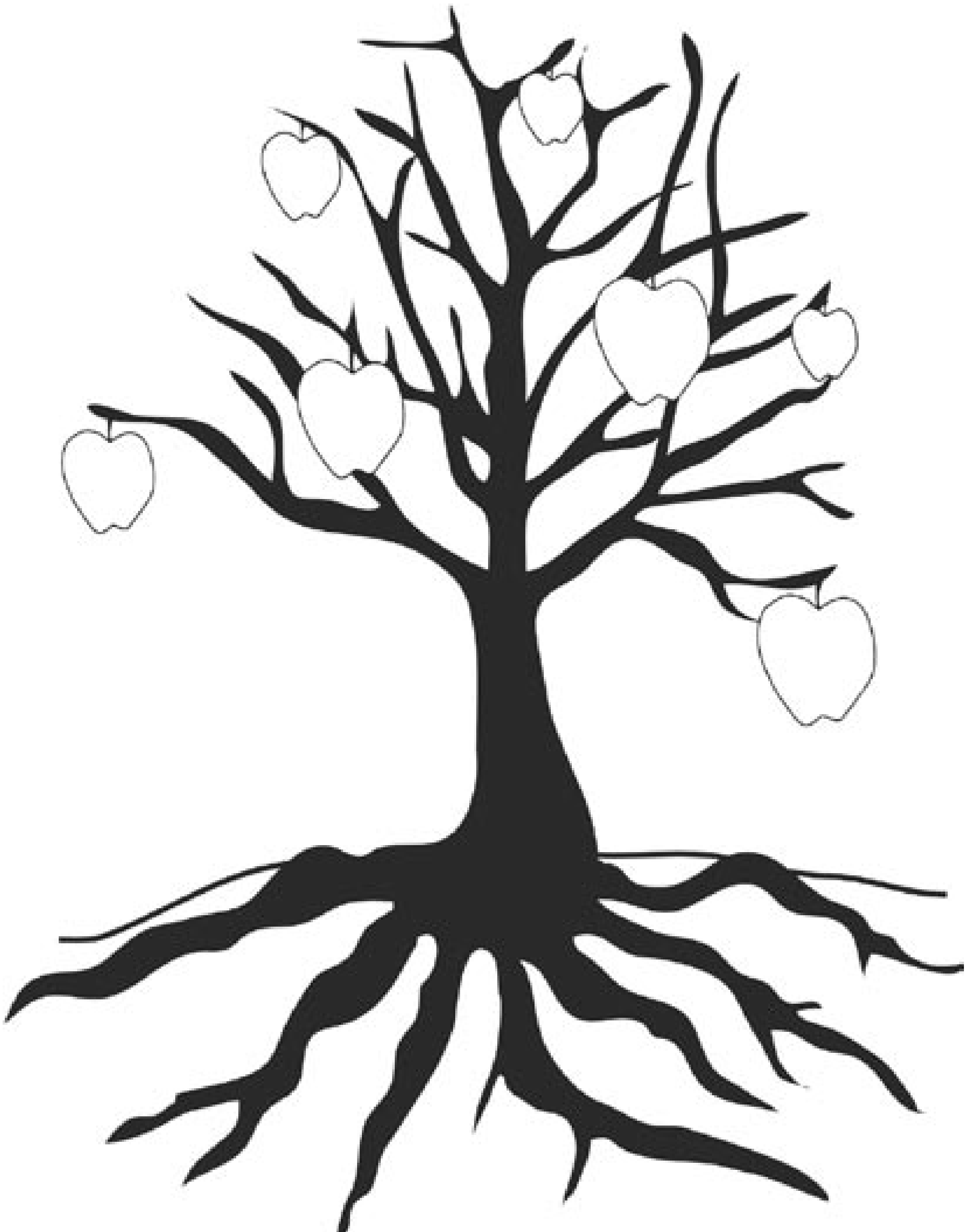
Branch 5: Violence leading to unprotected sex

Apples for branch 5:

1. STI/HIV infection
2. Unwanted pregnancy
3. Physical and mental harm

Possible measures:

1. Acknowledge the existence of transactional sex
2. Build up self-esteem and empower young women to make healthy life decisions
3. Establish drug and alcohol prevention programmes
4. Provide more educational and employment possibilities for young people
5. Rehabilitation programs for victims of violence
6. Improve young women's negotiating skills



	Educational approach	Outreach approach
Target	Primarily used to reach mainstream youth	Used to reach out-of-school youth, particularly high-risk, marginalized, harder-to-reach youth
Settings	Formal settings (i.e., school, youth centres)	Informal settings (i.e., bars, gathering points, transport stops)
Type of activities	Planned activities, often complementary to other curricular activities	Informal meetings
Methods	Participatory, interactive techniques	Various information-sharing techniques, spontaneous discussions, can include counselling
Focus	More or less structured groups, with or without adult presence or facilitation	Small groups, often one-on-one contact

Tag team versus competition style

The 'tag team' style allows one person to present, while the other person observes and supports his or her partner. Partners can divide the material in a way that lets them capitalize on their individual strengths and have their own moment in the spotlight. A competitive style puts facilitators at odds with one another as they teach the class. As such, the tag team style is the preferred method.

Preservation of energy

Presenting can be tiring both for the facilitators and the participants. Co-facilitators provide diversity in voices, presentation styles, and energy levels. Co-facilitation helps to hold the attention of the group, while giving each facilitator time to shine and time to rest.

Maximizing diverse resources

No one, no matter how well educated or skilled, has a talent for or knows about everything. Working as a team allows each person to contribute the best of his or her gifts, talents, and resources.

Extra eyes, ears, and hands

Two facilitators can manage a group better than one. The second person can help gauge participants' reactions and notice whether people seem to understand the material. The co-facilitator can also help hand out materials and can assist in monitoring discussions when participants have been separated into small groups. Finally, a co-facilitator can also handle problems with the physical environment, late-comers, and phone calls.

Support

Two facilitators in the same room should support each other rather than compete for floor space. Everyone can have an 'off' day when nothing works well: perhaps an activity did not go as planned, or you lose your place in a lecture. The co-facilitator is there to help smooth over those moments. Co-facilitators' behaviour towards one another – being supportive and respectful – should serve as a model for the way participants should behave towards each other.

Directions: Circle 'agree' or 'disagree' for each question.

1. When I am talking, I do not mind if my co-facilitator interrupts me to make an important point.
   Agree **Disagree**

2. When I feel that something important should be mentioned during a workshop, I need to be able to interrupt the other facilitator so that I can make my point.
   Agree **Disagree**

3. When my co-facilitator makes a mistake while leading a workshop, it is okay for me to correct him or her in front of the group.
   Agree **Disagree**

4. I want to be able to trust my co-facilitator to be able to figure out when I need help facilitating.
   Agree **Disagree**

5. The way to let your co-facilitator know that you have something to say is to raise your hand until you are acknowledged.
   Agree **Disagree**

6. I feel uncomfortable being in charge so I would prefer to have my co-facilitator run things.
   Agree **Disagree**

7. When my co-facilitator talks a lot, I feel like I have to say something just to remind the group that I am there.
   Agree **Disagree**

8. If a participant discloses upsetting information, I usually wait to see if my co-facilitator will handle it before I do.
   Agree **Disagree**

9. I get nervous at the beginning of each workshop because it is so hard to get started.
   Agree **Disagree**

10. I like to be flexible to the group's needs, so I do not like to plan out exactly what we are going to cover in a workshop.
    Agree **Disagree**

Handout 11 • Incentives for Peer Educators

Incentives are things that bring about action. In peer education, incentives can help attract peer educators into a program and keep them motivated and interested in their work. Incentives can range from fairly costly to inexpensive. The following list of incentives was developed during brainstorming sessions held with Y-PEER Focal Points in Ochrid, Macedonia, in August 2004.

Higher cost

- Offer large quantities of high-quality or high-tech educational materials (electronic resources, T-shirts, notebooks, manuals)
- Sponsor attendance to conferences, meetings, or presentations that occur at the regional or international level
- Provide internships, scholarships, or job opportunities at organizations
- Invite peer educators to represent their organization at national and regional events
- Hold contests with generous prizes (such as travel or a computer)
- Sponsor a formal reception for all people involved with peer education (peer educators, trainers, staff, partners, donors)
- Provide administrative, technical equipment (computers, photocopies, software)
- Offer a salary

Lower cost

- Provide no- or low-cost access to administrative, technical equipment for peer educators (computers, fax, phones, internet)
- Find ways to make use of peer educators' creativity by letting them write and design a newsletter, website, or promotional materials
- Conduct regular monitoring visits so peer educators know supervisors are interested in their work
- Invite senior staff from non-governmental organizations (NGOs), donors, and partners to observe work at the field level
- Provide access to low-cost basic health services (family planning, counselling, and commodities such as pills or condoms)
- Continue training by providing short refresher courses or introducing new technical information
- Provide access to additional reference or resource materials
- Pay small sums of money to peer educators, such as a per diem for work days
- Provide money for local transportation or provide bicycles
- Give some promotional materials (t-shirts, pens, pamphlets)

Little or no cost

- Ask peer educators for their ideas and listen to what they have to say
- Provide verbal recognition of good work or successful completion of assignments (one-on-one, in meetings, or at events)
- Give awards (such as 'peer of the month')
- Finish some meetings with a 'fun' session with refreshments (this could also mean having a meeting and providing lunch or snacks after)
- Invite peers to present their work or knowledge at higher-level meetings or workshops
- Invite peers to attend regular staff meetings to learn more about the project

Apply these suggestions to help trainers and peer educators relax, reduce stress, and invite balance into their lives.

Breathe deeply. Have you ever noticed your breathing when you are feeling stressed or moving too fast? It is probably shallow and tight. Take a few slow, deep breaths to relax.

Take a walk. Get out. Go shopping. Play sports. Exercise not only helps burn off nervous energy but also allows you to leave the place causing you stress.

Eat well. Busy people often skip meals or eat fast food too frequently. Heavy foods, too many or too few calories, and inadequate nutrition can make you feel lethargic. Eat vegetables, fruits, grains, and lean proteins – nutritious, high-energy foods.

Drink water. Most people do not drink enough water and feel dehydrated, tired, and achy. Next time you feel dry or in need of a liquid 'pick me up', drink water instead of coffee, tea, or high-sugar drinks. Experts say that once you feel thirsty, you are already dehydrated, so drink up.

Slow down. Do not worry; you do not have to stop. By making sure your mind is actually where your body is, you will feel (and appear) less scattered, think more clearly, and be more effective. Time-management and delegation strategies can help avoid confused priorities and schedule conflicts.

Team up. If you are a stressed-out trainer or peer educator, you may not be letting other people help you get things done – whether delegating tasks to other peers or trainers, partnering with other groups, or simply networking for support and advice. Sharing the load with other people and staying connected to positive people can help prevent stress.

Sleep well. A good night's sleep is not a luxury; it is a necessity for clear-thinking and mindful responsiveness. Aim to get a good night's rest by watching what you eat before you go to bed, turning off the television and computer, and taking a few minutes to slow down and transition from 'busy day' to 'restful night' – perhaps by sipping some herbal tea and listening to soothing music.

Loosen up. Tight muscles and narrow, critical thinking exacerbate stress and propel you towards burnout. Find ways to stretch both body and mind. Take a bath. Pray. Gentle stretching loosens tight muscles, while similar 'mind exercises' or meditation can help lessen chronic perfectionism and criticism.

Have fun. Laughter is great medicine, so surround yourself with fun things and people. Watch your favorite funny movies, play with your kids or animals, choose to be around people who make you laugh, or just laugh at yourself when you get overly serious or unhappy.

Get away. Whether for an hour, a day, or a week, remove yourself from your work and concentrate 100 percent on someone or something else. Recharge yourself today so you are more productive and can enjoy your work tomorrow.

	Peer information	Peer education	Peer counselling
Objectives	Awareness Information Attitude change	Awareness Information Attitude change Skills building	Information Attitude change Prevention skills Problem-solving/ coping skills Self-esteem Psychosocial support
Coverage	High	Medium	Low
Intensity	Low	Medium/high	High
Confidentiality	None	Important	Essential
Focus	Community Large groups	Small groups	Individual
Training required	Brief	Structured workshops and refresher courses	Intense and long
Examples of activities	Distribution of material in public events (sports events, youth concerts) World AIDS Day	Repeated group events based on a curriculum	Counselling of young people living with AIDS Clinic-based youth counselling on reproductive health

What are monitoring and evaluation?

Monitoring is the routine and systematic process of collecting data and measuring progress towards programme objectives. Questions that monitoring activities seek to answer include: Are activities occurring as planned? Are services being provided as planned? Are the objectives being met? Monitoring supports evaluation, as the two are closely related.

Evaluation is the process of systematically assessing a project's merit, worth, or effectiveness. In this process, the relevance, performance, and achievements of a programme are assessed. The evaluation process addresses the question: Does the programme make a difference? The common types of evaluation include process evaluation, outcome evaluation, and impact evaluation.

Process evaluation consists of quantitative and qualitative assessment to provide data on the strengths and weaknesses of components of a programme. It answers questions such as: Are we implementing the programme as planned? What aspects of the programme are strong? Which ones are weak? Does the programme reach the intended target group? What can we do to strengthen the programme? Are we running into unanticipated problems? Were remedial actions developed? Were these actions implemented?

Outcome evaluation consists of quantitative and qualitative assessment of the results of the programme. Outcome evaluation addresses questions such as: Were outcomes achieved? How well were they achieved? If any outcomes were not achieved, why were they not? What factors contributed to the outcomes? How are the target groups and their community impacted by the programme? Are there any unintended consequences? What recommendations are offered for improving future implementation? What are the lessons learned?

Impact evaluation is the systematic identification of a programme's effects – positive or negative, intended or unintended – on individuals, households, institutions, and the environment. Unlike an outcome evaluation, which is focused at the programme level, impact evaluation is typically carried out at the population level and refers to longer-term effects.

Definitions of youth

Webster's Dictionary, 1998
The quality or state of being young; youthfulness; juvenility; the part of life that succeeds childhood; the period of existence preceding maturity or age; the whole early part of life, from childhood, or, sometimes, from infancy, to adulthood.

United Nations General Assembly (the basis for UN statistics on youth)
Defines youth as those ages 15 to 24. Note that by this definition, children are those under age 15. However, the United Nations Convention on the Rights of the Child defines children as up to age 18, thus theoretically providing more protection and rights to those up to age 18. There is no similar United Nations Convention on the Rights of Youth.

U.S. Agency for International Development
Youth is generally defined as the cohort between ages 15 and 24, the generation straddling childhood and adulthood, especially by researchers working with U.S. Agency for International Development funding.

United Nations Division for Social Policy and Development
Calls those ages 12 to 19 'teenagers', and those 20 to 24 'young adults'. This distinction is important since the sociological, psychological, and health issues these two groups face may differ. Some countries consider young people to have become young adults when they pass the 'age of majority', which is usually age 18, at which point they are treated as adults under the law. However, the operational definition and nuances of the term 'youth' often vary from country to country, depending on sociocultural, institutional, economic, and political factors.

Definitions of youth participation

Adolescent participation
UNICEF uses this term, defining it as 'adolescents partaking in and influencing process, decisions, and activities'.

Children's participation
Roger Hart uses this term in his essay *Children's Participation: From Tokenism to Citizenship*. In it, he describes participation as the process of sharing decisions that affect one's life and the life of one's community.

Youth-adult partnerships
As defined by Advocates for Youth, this term refers to a situation where adults work in full partnership with young people on issues facing youth and/or on programmes and polices affecting youth.

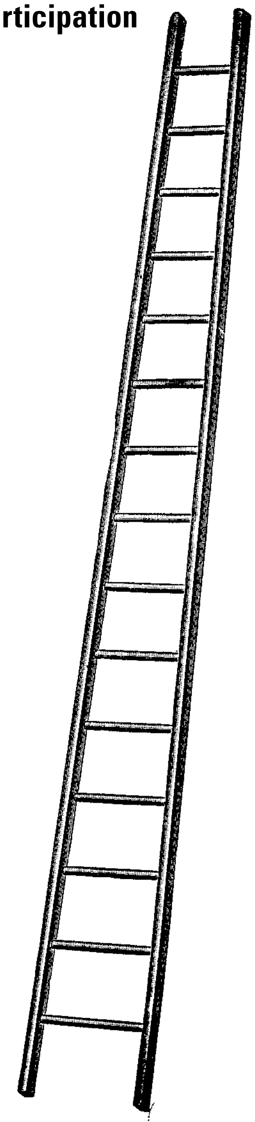
Youth involvement
This term is often used interchangeably with 'youth participation'.

Youth participation
This is the most common term used in the fields of youth development, youth governance, and health. It follows the terminology used for the inclusion and involvement of other marginalized groups (i.e., participation of people living with HIV/AIDS). The U.S. National Commission on Resources for Youth defines youth participation as: 'Involving youth in responsible, challenging action that meets genuine needs, with opportunity for planning and/or decision-making affecting others, in an activity whose impact or consequences extends to others – outside or beyond the youth participants themselves.'

Hart's *Ladder of Participation* depicts participation on a continuum, from manipulation and tokenism, which do not constitute real participation, to higher levels of participation in which young people initiate, direct, and share decisions with adults.

The ladder of participation highlights two important characteristics about true youth participation. First, simply having a young person present does not result in true participation. Young people must have a certain level of empowerment, responsibility, and decision-making power to participate meaningfully. Second, the quality and type of the partnership between youth and adults is important.

Ladder of Participation



Degree of Participation

8. **Youth-initated, shared decisions with adults**
7. **Youth-initated and directed**
6. **Adult-initated, shared decisions with youth**
5. **Consulted and informed**
4. **Assigned but informed**

Non-participation

3. **Tokenism**
2. **Decoration**
1. **Manipulation**

An example of participation at the lower end of the ladder is involving young people on a programme discussion panel without giving them decision-making power or any role in the management of the programme. Examples of higher levels of participation include having youth serve on boards or steering committees and participate in day-to-day decision-making.

Youth-adult partnership

A true partnership between youth and adults in a professional setting has several distinguishing characteristics:

- It integrates the realistic perspectives and skills of youth with the experience and wisdom of adults.
- It offers both parties the opportunity to make suggestions and decisions.
- It recognizes and values the contributions of both young people and adults.
- It allows young people and adults to work in full partnership – envisioning, developing, implementing, and evaluating programmes.

Sharing the power to make decisions means that adults respect and have confidence in young people's judgement. It means that adults recognize the assets of youth, understand what youth can bring to the partnership, and are willing to provide additional training and support when youth need it.

Both youth and adults may need to embrace change in order for the partnership to work. For example, adults may need to modify their ideas about what will and will not work and about times and conditions under which work proceeds. Similarly, youth may need to understand the limitations and realities that affect a programme's development, operation, and evaluation.

In addressing adolescent and reproductive health issues, youth and adults can work together in a number of ways, such as conducting a needs assessment, writing a grant proposal, raising funds, designing a programme, training staff, delivering services, implementing interventions and projects, overseeing a programme, collecting data, evaluating a programme's effectiveness, improving unsuccessful aspects of a programme, and replicating successful programmes.

Safeguards should protect youth from abuse

Minors need special protection when working with people who are older than they are. Institutions should have anti-harassment policies designed to prevent abuse as well as discrimination or harassment on any basis: racial, ethnic, religious, sexual, socio-economic, or age. The policies should outline how they are to be enforced, including a clear and safe grievance procedure.

In countries where it is legal and possible, the backgrounds of all adults and older youth should be checked before they are hired. This process should also be clearly stated by organizations in its recruitment guidelines and followed for all staff.

Attitudes as challenges

Some adults still believe that the opinions of young people do not matter, that youth are not capable of contributing in a valuable way, and that adults have nothing to learn from youth. These types of attitudes about youth might be viewed from the perspective of cultural diversity, where firsthand experience can be an effective strategy for changing attitudes. For example, involving young people at high levels of responsibility and decision-making enables adults to see that youth can be thoughtful and make important contributions. When someone comes to see a formerly undifferentiated group as diverse, that person becomes more likely to value the individuals within the group and let go of stereotypes.

Power dynamics, usually rooted in cultural norms, may contribute to challenges of youth-adult partnerships. Formal instruction in school often teaches youth to expect adults to provide answers and to ignore, deride, or veto youth ideas. Adults frequently underestimate the knowledge and creativity of young people and may be accustomed to making decisions without input from youth, even when youth are directly affected by the decisions. Therefore, successful partnerships require deliberate effort on the part of both adults and youth.

Spectrum of attitudes

According to the 'spectrum of attitudes' theory, adults may have one of three types of attitudes about young people's ability to make good decisions. These attitudes also determine the extent to which adults will be willing to involve young people as significant partners in decisions about programme design, development, implementation, and evaluation.

- **Youth as objects.** Adults who have this attitude believe they know what is best for young people, attempt to control situations involving youth, and believe that young people have little to contribute. These adults seldom permit youth more than token involvement. For example, an adult might write a letter to an elected official about an issue pertinent to youth and use a young person's name and signature for impact. Adults may feel the need to protect youth from the consequences of potential mistakes.

- **Youth as recipients.** Adults who have this attitude believe they must help youth adapt to adult society. They permit young people to take part in making decisions because they think the experience will be good for them, but they also assume that youth are not yet self-sufficient and need practice to learn to think like adults. These adults usually delegate to young people responsibilities and tasks that the adults themselves do not want to undertake. The adults usually dictate the terms of youth's involvement and expect young people to adhere to those terms; the adults might deliberately retain all power and control. For example, adults who view youth as recipients might extend an invitation to one young person to join a board of directors that is otherwise comprised solely of adults. In such a setting, a young person's voice is seldom raised and little heard – adults do not expect the young person to contribute, and the young person knows it.

- **Youth as partners.** Adults who have this attitude respect young people and believe they have significant contributions to make. These adults encourage youth to become involved and firmly believe that youth involvement is critical to a programme's success. They accept youth having an equal voice in many decisions (see box on equal decision-making, page 167). They recognize that both youth and adults have abilities, strengths, and experience to contribute. These adults are as comfortable working with youth as with adults and enjoy an environment where youth and adults work together. They believe that genuine participation by young people enriches adults just as adults' participation enriches youth. For example, adults who view youth as partners might hire young people to participate at the very beginning of a programme's design.

Organizational environment

Adults who endorse the concept of youth-adult partnerships must also be willing to alter the organizational environment if institutional barriers exist that are detrimental to young people and their ability to participate. Some barriers that could make youth involvement difficult include:

- **Work hours and meeting times.** An organization's hours of operation usually coincide with times when young people are at school or work. To engage youth, programme planners must find nontraditional times at which to hold important meetings. Often, scheduling conflicts can be difficult to overcome. However, compromise is vital if an organization is to create effective youth-adult partnerships. For adults, this may mean altering schedules to hold meetings in the late afternoon, early evening, or on the weekend. For youth, this may mean gaining permission from school or other work to attend a daytime meeting.

- **Transportation.** Many young people do not have assured access to a vehicle. Programme planners should schedule meetings in easily accessible locations. They should also provide youth with travel vouchers or immediate reimbursement for the cost of travel.

- **Food.** Few young people have the income to purchase meals in business districts or dinners in restaurants. When a meeting occurs at mealtime, the organization should provide food or sufficient funds for young people to pay for the meal.

- **Equipment and support.** Organizations should provide youth with the same equipment as other employees, such as a computer workstation, mailbox, e-mail account, and business card. Failure to do so carries a powerful message that these youth – whether they are full-time or part-time volunteers, interns, or peer educators – are not as important as adult employees.

- **Procedures and policies.** With input from youth and adults, organizations should develop policies on youth-adult interactions. For example, if a programme involves overnight travel, youth and adults should be clear about their roles and responsibilities in travelling together. The policies will need to respect youth's desire for independence and, at the same time, address the legal liability of the organization, the comfort level and legal responsibilities of adult staff, and parental concerns about security. Organizations may also consider establishing policies requiring the consent of parents or

guardians for youth participation, for staff driving young people to meetings, and other policies specific to a particular institution's work.

- **Training.** In organizations that have always operated from an exclusively adult perspective, staff may need training in cultural competency. Whether working directly with youth or not, staff will need to accept young people's perspectives and ideas and change workplace rules to meet the needs of youth. Organizations and their staff must make a determined effort to let young people know that they are valued.

Equal decision-making?

The goal of equal decision-making may not be realistic or attainable if adults have financial responsibility, if youth are short-term interns, or if the work requires technical skills that youth do not have. In these cases, it is important for adults to be honest with youth about the situation and identify areas where youth can make meaningful contributions to decision-making processes.

Handout 18 • Case Study

You are the coordinator of a community-based reproductive health peer education programme for volunteer youth. Each year, you train 12 to 16 youth to be certified as peer educators. Once certified, they conduct outreach sessions in schools, community centers, and places of worship. Unfortunately, each year you have difficulty retaining members. As the year progresses, youth begin to drop out and, typically, only one to three youth actually implement the programme. What can **you** do to attract committed peer educators and retain more of them in the programme?

In the reproductive health and HIV/AIDS fields, information about the impact of youth participation and youth-adult partnerships is limited. But literature from related fields indicates that involving young people in programmes has many benefits. Programme experience and research suggest 10 elements that lead to effective youth-adult partnerships.

Clear goals for the partnership. Youth and adults should understand the reasons for and objectives of the partnership.

Shared decision-making power. If youth have no power to make decisions, their participation is not one of partnership.

Commitment from highest level. Those in the highest level of the organization should commit fully to partnerships in order for them to be feasible and meaningful.

Clear roles and responsibilities. Be clear on which youth and adults have roles in the partnership and ensure that those people understand everyone's roles and responsibilities.

Careful selection. Select the appropriate youth and adults for the partnership. Youth vary widely in their level of development and readiness to assume responsibility, and adults vary widely in their degree of commitment to work with youth.

Relevant training. Young people may need training in communication, leadership, assertiveness skills, and technical areas. Adults may also need training in working with youth as well as in technical areas.

Awareness of different communication styles. Different styles of communication do not necessarily imply disrespect, disinterest, or different goals and expectations. Asking questions and assuming the best about others can help diffuse conflicts that arise from different communication styles.

Valuing participation. Part of valuing youth involvement is to hold young people accountable for their responsibilities, just as one would with adults. The skills and commitment that adults bring to the partnership should also be valued.

Room for growth. Establish ways for youth to advance to increased levels of responsibility.

Awareness that youth have other interests. Youth may not be able to meet high levels of obligations because of other commitments and priorities. Work with youth to develop a level of responsibility that matches their time and commitment.

Impact on youth

Youth participation can:

- Help youth form higher aspirations, gain confidence, attain resources, improve skills and knowledge, change attitudes, and develop more meaningful relationships with adults
- Foster resilience by giving youth opportunities to contribute to family or community
- Enhance young people's social competence, problem-solving skills, and autonomy, and give them a sense of purpose
- Help young people be more open to learning, engaging in critical dialogue, exercising creativity, and taking initiative

Research has identified factors that seem to account for the difference between those young people who emerge from high-risk situations with positive results and those who do not. While many factors influence health behaviors, resilient youth, in particular, display some important characteristics, including:

- Social competence, including responsiveness, flexibility, empathy, caring, communication skills, a sense of humor, and other pro-social behaviors
- Problem-solving skills, including the ability to think abstractly, reflectively, and flexibly and the ability to arrive at alternative solutions to cognitive and social problems
- Autonomy, including a sense of identity and an ability to act independently and to exert control over the individual's environment
- Sense of purpose and future, including having healthy expectations, goals, an orientation towards success, motivation to achieve, educational aspirations, hopefulness, hardiness, and a sense of coherence

The findings above come primarily from literature on youth development, which is defined as the ongoing growth process in which youth attempt to meet their basic personal and social needs to be safe, feel cared for, be valued, be useful, be spiritually grounded, and build the skills and competencies that allow them to function and contribute in their daily lives. Thus, youth are more likely to develop in positive ways when they have opportunities to:

- Feel physically and emotionally safe
- Build relationships with caring, connected adults
- Acquire knowledge and information
- Engage in meaningful and purposeful activities in ways that offer both continuity and variety

Research also shows that contributing to one's community has many positive outcomes. One study found that college students who provided community service for credit significantly increased their belief that people can make a difference and that people should be involved in community service and advocacy. They became less likely to blame social services clients for their misfortunes and more likely to stress a need for equal opportunities.

Behavior change theory and research on resiliency suggest that, while the types of activities offered by successful youth development programmes vary, the emphasis lies in providing opportunities for active

participation and real challenges. Proponents of youth development programmes and of youth-adult partnerships have in common a belief that youth are caring and capable. Rather than seeing youth as problems to be managed, youth development proponents view young people as valued resources.

Proponents of youth-adult partnerships see young people as individuals with the capacity to make positive and wide-ranging contributions when they receive support and the opportunity to develop their skills. Few things can more concretely demonstrate a belief in young people's capabilities than when trusted adults share with youth the power to make decisions.

The literature leaves little doubt that youth involvement benefits those youth who participate meaningfully in programmes. By providing young people the opportunity to develop skills, competencies, leadership abilities, self-confidence, and self-esteem, youth involvement programmes contribute to building resilience, a protective factor that can help prevent negative health outcomes and risky behaviors.

Impact on adults and community

Youth involvement also has an impact on adults involved in the partnerships. A U.S. study examined organizations in which youth had decision-making roles such as advisory board members, staff members, peer educators, and programme planners. Interviews and focus group discussions with young people and adults from 31 organizations showed that adults began to view youth as competent individuals who contributed to the organizations rather than simply as receiving its services. The energy of youth also enhanced adults' commitment to the organizations and their ability to work collaboratively.

The study found that adults:

- Experienced the competence of youth firsthand and begin to perceive young people as legitimate, crucial contributors
- Found their own commitment and energy was enhanced through their work with youth
- Felt more effective and more confident in working with and relating to youth
- Understood the needs and concerns of youth, became more attuned to programming issues, and gained a stronger sense of connection to the community
- Received fresh ideas from different perspectives
- Reached a broader spectrum of people
- Developed more relevant and responsive programming and services
- Shared knowledge

The study also identified positive outcomes for the organizations:

- Young people helped clarify and bring focus to the organization's mission.
- The adults and the organization, as a whole, become more connected and responsive to youth in the community, leading to programming improvements.

- Organizations placed a greater value on inclusion and representation and saw programmes benefiting when multiple and diverse voices participated in making decisions.
- Having youth make decisions helped convince foundations and other funding agencies that the organization was truly committed to meaningful youth development and youth involvement.

Impact on reproductive health and HIV/AIDS

Programmes involve youth in various ways in the reproductive health and HIV/AIDS fields. Substantial partnerships at the local programming level include youth involvement in planning and developing programmes, peer education projects, youth-led clubs and sports teams, and youth-run newspapers. Youth involvement with advocacy, policy development, governance, and evaluation is also expanding. Below are brief summaries of the limited research that does exist on the impact of such efforts, most of which covers peer education. Adult partners typically work with these projects, encouraging youth to make decisions and providing assistance where needed.

Peer education

- In Peru, a peer programme resulted in improved youth knowledge and attitudes, a reduction in the proportion of sexually active males, and increased contraceptive use at most recent intercourse.
- In Cameroon, a community-based peer programme resulted in improved knowledge about contraception in the intervention site, with increased condom use at last sex associated with influence based on peer education.
- A Family Health International study of 21 peer programmes found that most peer educators reported changes in their own behaviors as a result of their involvement. Thirty-one percent said they were practicing safer sex, including using condoms, and 20 percent said they had reduced the number of partners.
- Some researchers have concluded that peer education interventions tend to influence only the behaviors of small numbers of peer educators, not necessarily the target populations, making these interventions not cost-effective enough to justify implementation on a large scale.

Other programme activities

- In Nigeria and Ghana, through the West African Youth Initiative, youth worked as peer educators and were involved in programme planning, design, implementation, and evaluation. Reproductive health knowledge, willingness to buy contraceptives, ability to use contraceptives, and proportion of sexually active youth reporting use of a modern contraceptive increased significantly.
- A media campaign in Zambia (called HEART) included seven youth on its design team and a youth advisory group of 35 young people from 11 youth organizations. Focus group discussions, in-depth interviews, and pre-testing of materials with young people who were the target audience helped shape the media messages. A year after the campaign, viewers were 46 percent more likely to be practicing primary or secondary abstinence and were 67 percent more likely to have used a condom at last sex, compared to non-viewers.
- In Kenya, the Mathare Youth Sports Association (MYSA) in a slum area of Nairobi offers reproductive health education while operating football teams, garbage collection, and other community projects. Youth manage MYSA, emphasizing the skills and ideas of youth as its strongest resource.

- In Uganda and Kenya, a youth-run newspaper called Straight Talk shows how a youth-led editorial board can respond to questions from youth with a candor and connection that makes the paper widely popular in school clubs in both countries.

Institutional involvement

- The International Planned Parenthood Federation now has a substantial number of youth on its board of directors.
- A growing number of organizations working globally, such as YouthNet and Advocates for Youth, have made a commitment to having young people on their permanent staff and linking interns in a two-way mentoring programme.
- Groups such as the Women's Commission for Refugee Women and Children are incorporating youth into evaluations of projects.
- Involving youth in reproductive health and HIV/AIDS programmes increases credibility, visibility, and publicity for the programme, according to several studies.
- Youth can be visible ambassadors for programmes and organizations. The Barcelona YouthForce, an alliance of some 150 youth and 50 adults from around the world, worked at the XIV International AIDS Conference in 2002 to make youth a higher international priority in HIV prevention efforts through press conferences, an on-site newsletter, and other advocacy efforts. This was expanded at the XV International AIDS Conference in Bangkok in 2004 with an emphasis on involving youth in the scientific content of the meeting.

1. AIDS (acquired immunodeficiency syndrome) is caused by HIV, the human immunodeficiency virus, which damages the body's defense (immune) system. People who have AIDS become weaker because their bodies lose the ability to fight all illnesses. They start to become sick with a variety of illnesses, and eventually many will die. There is no cure for HIV/AIDS.

2. The onset of AIDS can take up to ten years from the time of infection with HIV. Therefore, a person infected with HIV may look and feel healthy for many years, but he or she can transmit the virus to someone else. New drug therapies called antiretroviral therapy (ART) can help a person stay healthier for longer periods of time, but the person will still have HIV and be able to transmit it.

3. HIV is transmitted through the exchange of any HIV-infected body fluids. Transfer may occur during all stages of the infection. HIV is found in the following fluids: blood, semen (and pre-ejaculate fluid), vaginal secretions, and breast milk. There is no known case of getting the virus from saliva while kissing. However, if a person has a cut in the mouth, he or she could possibly get HIV from kissing an infected person who also has a cut or open sore. The virus can only survive for a short time outside the body, so it cannot be transmitted through touching an infected person or sharing ordinary objects such as plates, eating utensils, and clothes.

4. Worldwide, HIV is most frequently transmitted sexually. During sexual intercourse, body fluids mix and the virus can pass from the infected person to his or her partner, especially if there are tears in vaginal or anal tissue, wounds, or other sexually transmitted infections (STIs). Girls and young women are especially vulnerable to HIV infection because their vaginal membranes are thinner and more susceptible to infection than those of mature women.

   If an HIV-positive man has sex with a woman and does not use a condom, the man's semen can carry the virus into the woman's bloodstream through a tiny cut or sore inside her body, which can be so small that she does not know it is there. If an HIV-positive woman has sexual intercourse with a man without a condom, her vaginal secretions can transmit HIV into the man's blood through a sore on his penis or through his urethra, the tube that runs down his penis.

5. People who have STIs are at greater risk of being infected with HIV/AIDS and of transmitting their infection to others. People with STIs should seek prompt treatment and avoid sexual intercourse or practise safer sex (non-penetrative sex or sex using a condom), and inform their partners. A person infected with an STI is five to ten times more likely to become infected with HIV. Additionally, people who have an STI are also at a greater risk of transmitting their infection to others.

6. The risk of sexual transmission of HIV/AIDS can be reduced if people abstain from sex, if uninfected partners have sex only with each other, or if people have safer sex, that is, sex without penetration or with a condom. The only way to be completely sure to prevent the sexual transmission of HIV is by abstaining from all sexual contact.

7. HIV can also be transmitted when the skin is cut or pierced with an unsterilized needle, syringe, razor blade, knife, or any other tool. People who inject themselves with drugs are at high risk of becoming infected with HIV/AIDS. In Eastern Europe and Central Asia, the sharing of contaminated needles among injecting drug users is currently responsible for the majority of infections. Moreover, drug use alters people's judgement and can lead to risky sexual behaviour, such as not using condoms. Intravenous (injecting) drug users should always use a clean needle and never use another person's needle or syringe. If you know or suspect your sexual partner to be injecting drugs, you should **never** have unprotected sex.

8. Anyone who suspects that he or she might have been infected with HIV should contact a health worker or an HIV/AIDS centre in order to receive confidential counselling and testing.

   HIV tests can identify HIV antibodies in the blood as early as two weeks after infection, but the body may take up to six months to make a measurable amount of antibodies. This period of time is known as the 'window period'. The average time is 25 days. A positive result on an HIV test means that HIV antibodies are present in your bloodstream and that the person is HIV positive. The onset of AIDS may take up to ten or more years. Remember – it is possible to live a productive and healthy life as a person living with HIV/AIDS.

   A negative result on an HIV test usually indicates that the person is not infected with HIV. However, re-test after six months is suggested if the person engaged in high-risk behaviour during the past six months, because it can take this long for the immune system to produce enough antibodies to be detected.

9. HIV is not transmitted by casual, everyday contact: hugs or handshakes; swimming pools; toilet seats; shared bed linen, eating utensils, or food; mosquito and other insect bites; or coughing or sneezing.

10. Discriminating against people who are infected with HIV/AIDS or anyone thought to be at risk of infection violates individual human rights and endangers public health. Everyone infected with and affected by HIV/AIDS deserves compassion and support.

Section 5

Annexes

Pre-training Questionnaire

Welcome to this training! We would like to know a bit about your background, your peer education knowledge and skills level, and your expectations of and opinion about this training. There are no right or wrong answers. We are interested only in knowing your opinion. Please tick mark the appropriate box or fill in the blanks. Note that you do not need to give your name or address. Thank you!

Today's date: ________________ Training location: ________________________________

1 Are you ❑ Male ❑ Female

2 How old are you? ________________________

3 What level of schooling have you completed?
❑ Primary school ❑ Secondary school ❑ University or postgraduate

4 What is the primary functional role in your job? (select one)
❑ Manager ❑ Trainer ❑ Peer educator ❑ Other (specify) ______________________________

5 How many years have you been working in peer education? (enter 0, if no experience)
__________ years

6 How likely is it that you will use the knowledge and skills learned in this training to train other peers?
❑ Highly likely ❑ Somewhat likely ❑ Not likely ❑ Unsure at this time

7 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how do you rank your confidence in being able to conduct a training programme for youth in peer education?
❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5

8 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how do you rank your knowledge of and ability to describe a comprehensive model for peer education programmes?
❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5

9 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how do you rank your knowledge about the difference between gender and sex and how gender may affect sexual and reproductive health in a population?
❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5

10 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how do you rank your confidence and skills in setting up and conducting role-play exercises for peer educations?

❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5

11 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how confident and comfortable are you in bringing a speaker living with HIV/AIDS to a workshop for youth?

❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5

12 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how confident are you in conducting at least three team-building exercises for peer educators?

❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5

13 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how well do you think you know at least four icebreaker exercises?

❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5

14 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how well do you think you know at least three different ways to teach factual information in a training?

❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5

15 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how well do you think you know at least three different motivational techniques to use in a peer education training?

❑ 1 ❑2 ❑ 3 ❑ 4 ❑ 5

16 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how well do you think you know at least five different life skills to address in a health education programme?

❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5

17 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how strongly do you feel that you would involve a person living with HIV/AIDS in the design and implementation of your peer education programme?

❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5

18 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how do you rank your confidence in providing services related to the areas discussed in this training?

❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5

19 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how do you rank the usefulness of this training for your work?

❑ 1 ❑ 2 ❑ 3 ❑4 ❑ 5

20 Please specify two to three critical challenges related to peer education programmes in your work. Feel free to write in your language of choice.

21 Please feel free to write comments about any topic related to this training (e.g., your expectations)?

Thank you for completing this form!

Post-training questionnaire

Dear Participant,
As the very last activity of this training, we would like you to fill in this questionnaire. We will use this data to evaluate the training. You do not need to give your name or address. We encourage you to express yourself as honestly as you can. Thank you!

Today's date: Training location: ______________________________

1 Are you ❏ Male ❏ Female

2 How old are you? ____________________

3 What level of schooling have you completed?
❏ Primary school ❏ Secondary school ❏ University or postgraduate

4 What is the primary functional role in your job? (select one)
❏ Manager ❏ Trainer ❏ Peer educator ❏ Other (specify) ____________________

5 How many years have you been working in peer education? (enter 0, if no experience)
________ years

6 How likely is it that you will use the knowledge and skills learned in this training to train other peers?
❏ Highly likely ❏ Somewhat likely ❏ Not likely ❏ Unsure at this time

7 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how do you rank your confidence in being able to conduct a training programme for youth in peer education?
❏ 1 ❏ 2 ❏ 3 ❏4 ❏ 5

8 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how do you rank your knowledge of and ability to describe a comprehensive model for peer education programmes?
❏ 1 ❏ 2 ❏ 3 ❏ 4 ❏ 5

9 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how do you rank your knowledge about the difference between gender and sex and how gender may affect sexual and reproductive health in a population?
❏ 1 ❏ 2 ❏ 3 ❏ 4 ❏ 5

10 Provide definitions for:

Gender

____

____

____

Sex

____

____

____

11 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how do you rank your confidence and skills in setting up and conducting role-play exercises for peer educations?

❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5

12 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how confident and comfortable are you in bringing a speaker living with HIV/AIDS to a workshop for youth?

❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5

13 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how confident are you in conducting at least three team-building exercises for peer educators?

❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5

14 Name three team-building exercises:

1. ____
2. ____
3. ____

15 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how well do you think you know at least four icebreaker exercises?

❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5

16 Name four icebreaker exercises:

1. ____
2. ____
3. ____
4. ____

17 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how well do you think you know at least three different ways to teach factual information in a training?

❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5

18 List three different ways to teach factual information in a training:

1. ______
2. ______
3. ______

19 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how well do you think you know at least three different motivational techniques to use in a peer education training?

❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5

20 List three different motivational techniques to use in a peer education training:

1 ______
2. ______
3. ______

21 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how well do you think you know at least five different life skills to address in a health education programme?

❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5

22 List five different life skills to address in a health education programme:

1. ______
2. ______
3 ______
4. ______
5. ______

23 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how strongly do you feel that you would involve a person living with HIV/AIDS in the design and implementation of your peer education programme?

❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5

24 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how do you rank your confidence in providing services related to the areas discussed in this training?

❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5

25 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how do you rank the overall quality of this training?

❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5

26 On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how do your rank the usefulness of this training for your work?

❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5

27 Please specify two to three critical challenges related to peer education programmes in your work. Feel free to write in your language of choice.

____

____

____

____

____

____

28 Please feel free to write comments about any topic related to this training (e.g., your expectations, observations, interactions)?

____

____

____

____

____

____

Thank you for completing this form!

Exercise: Sex and gender – what do they mean?

Objective To help participants distinguish between the concepts of 'sex' and 'gender' and identify their own values related to these concepts

Time 30 minutes

Materials Three signs with the following titles: 1) Agree, 2) Disagree, and 3) Not sure; *Handout 6. Sex and Gender*

Suitable for All training and field work

Process

Post the three signs on a large wall ('Agree' on the left, 'Disagree' on the right, and 'Not sure' in the middle of the wall). Ask the participants to stand, facing the trainers and the signs.

Explain to the participants that they will now have an opportunity to try to express and clarify their thoughts and feelings about sex and gender. Tell them that you will read several (six or seven) statements aloud. After you read the first statement, each participant should decide whether they agree, disagree, or are unsure about the statement. Once they decide, each participant should stand under the sign on the wall that matches their position.

After you have read a statement and the participants have moved, ask for a few volunteers to explain why they chose their position. Repeat this process with five or six more value statements. Make sure you hear different points of view from the participants. Remember that processing the statements and expressing and explaining thoughts and feelings is the most valuable part of this activity.

Below is a list of statements that may be used for this exercise. Choose six or seven statements that are appropriate for your participants. You may adapt and modify this list to make it appropriate to your setting:

- Women can breastfeed babies; men can bottle-feed babies.
- Females are sensitive and need more love than males.
- Females are better parents than males.
- Boys should pay when a boy and girl go out on a date.
- Males should never cry.
- Men and women are equal.
- Because men are physically stronger, they should be paid more money for work.
- Women give birth to babies; men do not.
- A man who remains a virgin until he is married is probably homosexual.
- A boy's voice breaks at puberty; a girl's does not.

- Women should remain virgins until they are married.
- Having sex is a good way for a man to prove his masculinity.
- Getting pregnant is an acceptable way for a girl to prove her fertility.

Closure
Distribute *Handout 6. Sex and Gender.* Read through the definitions and ask if the participants have any questions.

Exercise: Media images analysis

Objective To have participants analyse how women and men are portrayed in the media and how images may reinforce or challenge gender-based stereotypes

Time 25 minutes

Materials Pictures from newspapers and magazines, flip charts, markers

Suitable for All training and field work

Process
Before the workshop, collect images (advertisements, cartoons, articles) from magazines and newspapers that show women or men in different circumstances. They should include images that both reinforce and challenge stereotypes. Positive and negative images should also be used, as there is a tendency among participants in this exercise to criticize each image without acknowledging that there are positive images. It is helpful if you can make overhead transparencies of the images.

Divide the participants into groups of three people. Give each group a large sheet of paper, a marker, and three images.

Explain that stereotypes are beliefs or assumptions that seem so 'natural' that many of us do not question them. Even if we do not hold these beliefs, we hear or see them expressed over and over – for example, in the media. We need to understand how stereotypes can affect our attitudes and behaviour.

Ask the participants to look at the images they have received and answer the following questions for each image:

- What is the main message the image gives about women or men?
- Does the image show women or men in a positive or negative way?
- Does the image reinforce or challenge gender-based stereotypes?
- Would you like yourself (or your mother or father, or your brother or sister) to be shown this way in public? Why or why not?

Ask each group to present one of their images to the entire group and give their answers to the questions about it. Ask the other participants if they agree.

Closure
Point out that this exercise provides an opportunity to analyse the impact of one information source – the print media – on gender stereotypes and beliefs.

Explain that it is possible to interpret images from different points of view; not everyone receives the same 'message' from an image. We may receive a different message than was intended by those who produced the image. The common experience that all people share is that we are influenced in our ideas about 'proper' or 'desirable' characteristics and behaviours for women and men by such images, often without realizing it.

Point out that both adolescents and adults continue to learn about gender roles and responsibilities in this way and that these lessons are important in determining our sexual and reproductive behaviour as well as the consequences of that behaviour.

Emphasize that challenges to gender stereotypes are good – for example, advertisements showing women playing sports or men caring for children demonstrate that both men and women can carry out such activities.

Point out that media advertisements try to get people to buy products, and they often do this by reinforcing gender stereotypes. However, as ideas about women's and men's roles change in society, the media may also challenge gender stereotypes in a harmful way. For example, tobacco advertisements specifically target women by appealing to their desire for 'adventure' or 'independence'. We need to be aware of the health consequences of the messages we see, even if they challenge gender stereotypes that we want to change.

Exercise: Singles party weekend

Objectives To have participants become more motivated to protect themselves from exposure to HIV infection

To increase their awareness about how easily HIV transmission can become a reality for someone as a result of behavioural choices

Time 30-40 minutes

Materials Four small pieces of blank paper (about 3 square cm) for each participant to represent hotel room keys, four to eight pieces of paper with HIV written on them in small letters, pens and pencils, a cassette or disc player with tapes or discs of dance music

Suitable for Peer educators' training

Process

Have each participant take four pieces of paper from a bag or envelope. Arrange in advance to have one or two participants or facilitators who will participate in the party to get four 'hotel room keys' with HIV written on them.

Explain to participants that in this exercise we are going to pretend we have been invited to a special three-day weekend at a famous resort. It is Friday night, and our group has arrived just in time to get to the club for a big party for single people. Everyone can mingle and get to know each other. What you are holding in your hands are your four room keys. If you would like, you can trade your room keys with other people you find attractive. The rule is that when you give a room key to someone, you get one from that person, so you always have four room keys. Also make sure that you do not look at the keys when exchanging them. *'I think I hear the music starting up right now! Let's go to the party!'*

Start the music. After the first round of exchanging room keys (about two to three minutes), stop the music and instruct participants to be silent and listen carefully to instructions.

Explain that at this point, participants should not indicate the results of what they are about to find out. Without letting anyone else know, they should quietly check their room keys to see whether they picked up a room key with 'HIV' written on it in very small letters. Remind them not to react visibly so that the other participants will not be able to tell from their reaction who has HIV on their room keys. Explain that some participants will still have blank cards, while others will have one or more room keys with HIV written on them.

At this point, ask everyone to take a pencil and pretend they are writing 'HIV' on all four of their room keys. Explain that anyone who noticed **at any time** that they were holding a room key with HIV written on it (even if they already passed it onto someone else) should really mark all four keys they are holding with a small HIV. Point out that although one can give a room key away with HIV written on it, once they have come in contact with the key they have still technically 'got' HIV.

Announce that after a busy day of swimming, skiing, and sunbathing, it is Saturday night, and the second party is starting. The participants use the room keys they are now holding for the second party. Begin the party. Explain that the rules are the same as before. Remind participants that, *'If you see someone you like and you would like to exchange a room key with them, you can do so.'*

End the party and instruct the participants to mark their papers as before. Announce that we have been invited to stay over one extra night. Repeat the party procedures as before.

Closure

Once people have finished marking their papers, ask how many people became 'infected', so to speak, in the game. Then ask how many people have four blank papers and how they managed to avoid the virus. Discuss what it was like for participants, asking them, for example, if it was more difficult for women or men to avoid getting the virus. Give some time for people to speak about what it was like to be 'infecting others', perhaps knowingly.

Ask the participants whether they were surprised by their emotions or responses. Can they see parallels to real-life situations in the strategies they used? Was there any peer pressure? Did anyone decide to be abstinent at some point? Did anyone exchange a room key with only one person (symbolic of monogamy)? Did the participants think trusting to luck was a good strategy?

Be sure to remind people that in reality HIV is not necessarily transmitted with every exposure. Point out that the one or two people who first introduced HIV into the group had an important role in helping us all learn through this exercise. Perhaps their behaviour will help slow the epidemic by making it more real for some and by teaching others.

This form contains items used as part of an evaluation of peer educators' and trainers' skills.

Today's Date: Training location:

Please rate the strength of the peer educator or presenter on the items below using the following scale:
1 = Weak 2 = Good 3 = Excellent

Name of Peer Educator/Trainer								
Training Techniques								
1. Explaining the purpose of activity/exercise								
2. Connection with the audience, eye contact								
3. Appropriate body language, movement, gestures								
4. Listening skills								
5. Intonation and volume of voice								
6. Use of visual aids, e.g., flip charts								
7. Energy and enthusiasm level								
8. Practical versus theoretical skills								
9. Agenda preparation for presentation								

Team Work								
1. Co-operation with co-facilitator								
2. Practical assistance								
3. Sharing the training space								
4. Respecting each other								
5. Smoothness of teamwork								
6. Keeping to agreed agenda								
7. Communicating agenda changes if needed								
Managing Participants								
1. Creating a safe learning environment								
2. Dealing with troublemakers, talkers, bored participants								
3. Motivating the participants								
4. Giving feedback and acknowledging participation								

Comments: ____

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Note: The three-point rating scale for this form may not be necessary. In many cases, one could use the items as guidance regarding skills and techniques in feedback sessions with peer educators or trainers.

Note: all resources are available for free unless otherwise noted.

1. Guidelines on peer education/youth participation

European Guidelines for Youth AIDS Peer Education
Svenson G, et al. (eds). European Commission, 1998
This Europeer (the European peer education network) publication provides guidance on setting up, running, and evaluating AIDS peer education projects for young people. The first two chapters examine the benefits and limitations of the peer education approach. Available in English, French, German, Greek, Italian, Portuguese, Spanish, Swedish, and Czech. Available online at: *http://www.europeer.lu.se/index.1002---1.html,* by mail at: Department of Child Health, Church Lane, Heavitree, Exeter EX2 5SQ, UK, or by e-mail: europeer@exeter.ac.uk

Guide to Implementing TAP (Teens for AIDS Prevention)
Advocates for Youth, second edition, 2002
This step-by-step guide aims to help adults and teenagers develop and implement a peer education programme on HIV/AIDS prevention in schools and communities. It includes plans for 17 sessions with suggested activities and descriptions of ongoing projects. Available online at: *http://www.advocatesforyouth.org/publications/tap.htm* or by mail at: Advocates for Youth, 2000 M Street NW, Suite 750, Washington, DC 20036, USA

How to Create an Effective Peer Education Project: Guidelines for AIDS Prevention Projects
Family Health International, nd
This document provides practical guidelines for planning and implementing a peer education project and creates awareness of potential difficulties. Available online at: *http://www.fhi.org/en/HIVAIDS/pub/guide/BBC+Handbooks/peereducation.htm* or by mail at: Family Health International, Attn: Publications, P.O. Box 13950, Research Triangle Park, NC 27709, USA

Peer Approach in Adolescent Reproductive Health Education: Some Lessons Learned
UNESCO Asia and Pacific Bureau for Education, Thailand, 2003
This booklet focuses on research on the impact of peer education in promoting healthy behaviour among adolescents, synthesizes field experiences, and offers guidelines to enable policymakers and programme implementers to adopt or adapt appropriate strategies in their own settings. Available online at: *http://www.unesdoc.unesco.org/images/0013/001305/130516e.pdf*

Peer Learning
Harey M. UK Youth, second edition, 2000, £11.00
Peer Learning is a popular resource that provides tools with which to train young people to run a peer learning programme. It offers clear guidelines and a flexible structure that can be used across differing levels of participation by young people in many settings. It is suitable for work on a range of

participative topics such as crime, democracy, and citizenship. *Peer Learning* contains action points, session plans for recruitment and training, basic and key skills activities, and follow-up ideas. It can be used in combination with *Yes Me!*, the book for young peer educators' (see 3. Training Manuals, below). Order online at: *http://www.ukyouth.org* or by mail at: UK Youth, Kirby House, 20-24 Kirby Street, London EC1N 8TS, UK

Peer to Peer: Youth Preventing HIV Infection Together
Advocates for Youth, 1993, US$4.00
This resource for programme planners and youth workers examines the rationale and research behind the peer education approach to risk reduction, with a focus on HIV prevention. It outlines in detail successful model peer education programmes. Available online at: *http://www.advocatesforyouth.org*

Peer, An In-Depth Look at Peer Helping, Planning, Implementation, and Administration
Tindall, JA. Accelerated Development, revised edition, 1994
This book focuses on peer counselling and how it can have an impact upon some of society's problems. It is aimed at those who are responsible for planning, implementing, and administering peer-helping programmes. Available by mail at: Accelerated Development, 1900 Frost Road, Suite 101, Bristol, PA 19007-1598, USA

2. Research

2.1. General research

Peer Education and HIV/AIDS: Concepts, Uses, and Challenges
Joint United Nations Programme on HIV/AIDS, Best Practice Collection, 1999
This brochure discusses the peer education theory and presents a literature review and the results of a needs assessment carried out in Jamaica in April 1999. Available in English, French, and Spanish. Available online at: *http://www.unaids.org*, by mail at: UNAIDS, 20 Avenue Appia, CH 1211 Geneva 27, Switzerland, or by e-mail at: unaids@unaids.org

Peer Potential: Making the Most of How Teens Influence Each Other
National Campaign to Prevent Teen Pregnancy, 1999, US$15
Three research papers highlight the positive effects of peer influence in teenagers' lives and warn about ways peer influence can also be harmful. They also offer some important guidelines for programme developers and policymakers to make the most of the peers' potential. Order by e-mail at: orders@teenpregnancy.org or by mail at: The National Campaign to Prevent Teen Pregnancy, 1776 Massachusetts Avenue, NW, Suite 200, Washington, DC 20036, USA

Summary Booklet of Best Practices

Joint United Nations Programme on HIV/AIDS, 1999

The booklet describes 18 projects aimed at young people. The main objectives are to:

- promote sexual health
- empower young people with life skills
- reduce the risk of HIV/AIDS infection
- prevent risk of violence, abuse, and entry into the sex trade
- build a peer support network
- reduce discrimination towards people living with HIV/AIDS
- assist young people in continuing their education and ensure long-term social and economic security for the participants

The majority of the projects include peer education. Available in English and French. Available online at: *http://www.unaids.org,* by mail at: UNAIDS, 20 Avenue Appia, CH 1211 Geneva 27, Switzerland, or by e-mail at: unaids@unaids.org

2.2. Monitoring and evaluating programmes for and with young people

Learning to Live: Monitoring and Evaluating HIV/AIDS Programmes for Young People

Webb D, Elliott L. Save the Children, 2000, £12.95

This is a practical guide to developing, monitoring, and evaluating practice in HIV/AIDS-related programming for young people, based on experiences from projects around the world. It focuses on recent learning about peer education, school-based education, clinic-based service delivery, reaching especially vulnerable children, and working with children affected by HIV/AIDS. Condensed version in English and Portuguese available. Available online at: *http://www.savethechildren.org.uk* or by mail at: Save the Children, 1 St. John's Lane, London EC1M 4AR, UK

2.3. Research tools

The Narrative Research Method – Studying Behaviour Patterns of Young People by Young People

World Health Organization, 1993, order no. 1930054, 8 Swiss francs/US$7.20

This research tool has been extensively used to understand behaviours, including sexual behaviour, among young people in the context of their cultural realities. A core group of young people is brought together to develop a representative story depicting behaviour in their community. The story is then transformed into a 'questionnaire', which is administered to other young people in the districts to be investigated. The findings of this participatory methodology can be used to develop local or national plans of action to promote adolescent health and health information products, in which the core group may become involved as facilitators. Available in English, French, and Spanish. Available online at: *http://www.who.int* or by e-mail at: publications@who.org

3. Training manuals

3.1. Peer education training manuals

The Crunch: Negotiating the Agenda with Young People. A Peer Education Training Manual
The Health Education Board for Scotland, 1997, £20
This manual describes the context in which peer education has developed, offers a theoretical framework to support the development of peer education work, and offers practical guidelines for good practices. The manual illustrates theory and practice using examples of drug, alcohol, and tobacco education. However, the guidelines can be applied to any form of peer education. Available by mail at: Fast Forward, 4 Bernard Street, Edinburgh EH6 6PP, UK or by e-mail at: admin@fastforward.org.uk

Know the Score
UK Youth, 1999, £17.95
Drug education is the focus of this peer education resource. Designed to be used as a preparation programme for peer educators, this publication includes:
- hints and tips on the strengths and challenges of peer drug-education work
- training manuals that can be photocopied and used to train peer drug educators
- activities that peer educators can use or adapt to increase other young people's awareness about drug issues
- different ways to evaluate peer drug-education initiatives
- case studies of two different peer drug-education projects

Available online at: *http://www.ukyouth.org* or by mail at: UK Youth, Kirby House, 20-24 Kirby Street, London EC1N 8TS, UK

Peer Education: A Manual for Training Young People as Peer Educators
Book 1: Peer education: an introduction
Book 2: Training peer educators (15 training sessions in five modules)
Book 3: HIV/AIDS and sexuality (training sessions)
Murtagh B. National Youth Federation in association with the Health Promotion Unit, Ireland, 1996, Euro 13.00
These three manuals provide information, guidance, and models for peer education projects in youth services. All manuals draw on actual field experience. Book 1 is designed to clarify the concept of peer education and includes guidelines on evaluating peer education. Book 2 provides five modules for use in the general preparation and training of potential peer educators. Book 3 provides two modules: one for training HIV/AIDS peer educators and one to help them reflect on aspects of sexuality. Available online at: *http://www.nyf.ie/*, by mail at: National Youth Federation, 20 Lower Dominick Street, Dublin 1, Ireland, or by e-mail at: info@nyf.ie

Together We Can: Peer Educator's Handbook and Activity Kit
Jamaica Red Cross HIV/AIDS Peer Education Project, 1995
This manual is for teenage peer educators working in HIV/AIDS and STI prevention. Includes activities for managing risk situations, assessing personal values, and developing skills in condom use. Available online at: *http://www.gysd.net/doc/resources/TWC_InstructorManual.pdf* and *http://www.gysd.net/doc/resources/TWC_ActivityKit.pdf*, or by e-mail at: jrcs@mail.infochan.com

Yes Me!
UK Youth, 1996, £12.00
This easy-to-follow self-development programme enables young peer educators to acquire the understanding and skills needed to run a peer learning group. *Yes Me!* is divided into six broad sections: getting started, getting others talking, tackling health issues, working with groups, planning tactics, and doing it for real. *Yes Me!* contains 23 sessions for young people to work through individually or in a group. A popular and long-standing title, *Yes Me!* explores topics such as non-verbal communication and group dynamics and encourages young people to plan projects systematically and to evaluate their own qualities and strengths. Available online at: *http://www.ukyouth.org/resources*, by e-mail: publications@ukyouth.org, or by mail at: UK Youth, Kirby House, 20-24 Kirby Street, London EC1N 8TS, UK

3.2. Related training manuals

Action with Youth, HIV/AIDS and STDs: A Training Manual for Young People
International Federation of Red Cross and Red Crescent Societies, second edition, 2000
This manual is intended for youth leaders who wish to develop an HIV/AIDS health promotion programme among young people. It includes basic information on HIV/AIDS and the impact of the epidemic, guidelines for programme planning, and ideas for educational activities and community projects. Available in English, French, Spanish, and Arabic. Order online at: *http://www.ifrc.org/publicat/catalog/order.asp*, by mail at: International Federation of Red Cross and Red Crescent Societies, PO Box 372, CH-1211 Geneva 19, Switzerland, or by e-mail at: jeanine.guidera@ifrc.org

AIDS: Working with Young People
Aggleton P, Horsley C, Warwick I, et al. AVERT, 1993
This training manual is intended to be used with young people age 14 and over in youth clubs, training schemes, and schools. It includes exercises and games introduced by background text that gives an overview of the medical and social aspects of AIDS as well as advice on HIV/AIDS education. Available online at: *http://www.avert.org*

Exploring Healthy Sexuality
Jewitt, C. Family Planning Association UK, 1994
This manual is aimed at youth workers with little training in sexuality education.
Order by mail at: Family Planning Association UK, 2-12 Pentonville Road, London N1 9FP, UK

Games for Adolescent Reproductive Health. An International Handbook
Program for Appropriate Technology in Health, 2002
This manual fuels the imagination of educators with tips on getting started; 45 games that are fun, easy-to-use and educational; guidance on creating your own games; and ready-to-use card sets. Available online at: *http://www.path.org/publications/pub.php?id=676*

Gender or Sex, Who Cares?
de Bruyn M, France N. IPAS and HD Network, 2001
This resource pack, which includes a manual, curriculum cards, and overhead transparencies/handouts, provides an introduction to the topic of gender and sexual and reproductive health (SRH). Available online at: *http://www.synergyaids.com/documents/3858_060602_GenderBook.pdf*

It's Only Right. A Practical Guide to Learning about the Convention of the Rights of the Child
United Nations Children's Fund, 1993
This guide is intended for youth group leaders and teachers working with young people ages 13 and older. It offers a range of activities that will help children get to know their rights and to help them plan action on rights issues. Available in English and French. Available online at: *http://www.unicef.org/teachers/protection/only_right.htm*

Life Planning Education: A Youth Development Program
Advocates for Youth, 1995, US$60
This is a training pack with interactive exercises on sexuality/life-skills education for young people ages 13 to 18. It is designed for use in schools or other youth settings. Available online at: *http://www.advocatesforyouth.org/publications/lpe/* or by mail at: Advocates for Youth, 2000 M Street NW, Suite 750, Washington, DC 20036, USA

A Participatory Handbook for Youth Drug Prevention Programs: A Guide for Development and Improvement
U.N. Office on Drugs and Crime and The Global Youth Network, 2002
This tool for youth groups is aimed at identifying issues of concern relating to substance abuse. Available in English, Chinese, French, Spanish, Russian, and Arabic. Available online at: *http://www.unodc.org/youthnet/youthnet_youth_drugs.html*

Primary Prevention of Substance Abuse: A Facilitator Guide
World Health Organization and the U.N. Office on Drugs and Crime, 2000
Available online at: *http://www.who.int/substance_abuse/activities/global_initiative/en/primary_prevention_guide_17.pdf*

Project H – Working with Young Men to Promote Health and Gender Equity
Instituto Promundo, 2002.
This manual covers five topics: sexuality and reproductive health, fatherhood and caregiving, violence to peaceful coexistence, reason and emotions, and preventing and living with HIV/AIDS. Each topic

contains a theoretical section and a series of participatory activities to facilitate group work with young men between the ages of 15 and 24. Available in Portugese, English, and Spanish. Available online at: *http://www.promundo.org.br/controlPanel/materia/view/103* or by e-mail at: promundo@promundo.org.br

Right Directions: A Peer Education Resource on the UN Convention of the Rights of the Child
Save the Children in association with The Guides Association, UK, 1999, £4.99
This guide helps young people think about their rights through a range of fun and lively activities based around the UN Convention of the Rights of the Child. The 40 activities cover a wide range of important youth issues such as bullying, discrimination, poverty, homelessness, health, and self-expression. Available online at: *http://www.savethechildren.org.uk*

Young People and Substance Use: A Manual
Monteiro M. (ed.). WHO and Mentor Foundation, 1999, order no. 1930151, 30 Swiss francs/US$27
This easy-to-use guidebook helps health workers who do not have extensive training or sophisticated resources produce educational materials. Particular attention is given to the needs of street children. The manual illustrates many ways to engage young people in the design, use, dissemination, and evaluation of educational materials. Order by e-mail at: msb@who.int

Working with Street Children. A Training Package on Substance Use and Sexual and Reproductive Health, Including HIV/AIDS and STDs
World Health Organization, 2000, order no. WHO/MDS/MDP/00.14
This comprehensive training package was developed for street educators (and others involved in programmes for street children) and contains two parts:

- Ten training modules provide information on the problems street children may face and essential skills and knowledge educators need to function in a dynamic environment on the street.
- *Trainer Tips*, a manual that provides ideas on how the subjects can be taught, includes information on selected topics, and gives options that could help the trainer or educator in adapting local needs and resources.

Available online at: *http://www.who.int/substance_abuse/activities/street_children/en/* or by e-mail at: publications@who.org

100 Ways to Energise Groups: Games to Use in Workshops, Meetings and the Community
The International HIV/AIDS Alliance, 2002
This is a compilation of energisers, icebreakers, and games that can be used by anyone working with groups in a workshop, meeting, or community setting. Available in English, French, and Spanish. Available online at: *http://www.aidsalliance.org/sw7452.asp*

3.3. Training manuals on counselling (not specifically peer counselling)

Counselling Skills Training in Adolescent Sexuality and Reproductive Health. A Facilitator's Guide
World Health Organization, revised edition 2001
This guide is designed to help facilitators conduct a five-day training workshop on counselling skills in adolescent sexuality and reproductive health. The training described in the guide combines basic information about sexuality, reproductive health, and the principles of non-directive counselling with training in specific interpersonal communication skills. Available online at: *http://www.who.int/child-adolescent-health/New_Publications/ADH/WHO_ADH_93.3.pdf* or by e-mail at: cah@who.int

4. Resource guides

Annotated Bibliography about Youth AIDS Peer Education in Europe
Svenson G, et al. (eds), European Commission, 1998
Available online at: *http://webnews.textalk.com/europeer.youth/*, by mail at: Department of Child Health, Church Lane, Heavitree, Exeter EX2 5SQ, UK, or by e-mail: europeer@exeter.ac.uk

Resource Guide for Sex Educators: Basic Resources That Every Sex Educator Needs to Know About
Huberman B. Advocates for Youth, 2002, US$10
Available online at: *http://www.advocatesforyouth.org/publications/ResourceGuide.pdf*

5. Other resources

Hettema J, Steele J, Miller WR. Motivational interviewing. *Annual Review of Clinical Psychology* 2005;1:91-111.

LeFevre DN. *New Games for the Whole Family*. New York: Perigee Books, 1988.

Miller WR, Rollnick S. *Motivational Interviewing: Preparing People for Change* (2nd edition). New York: Guilford Press, 2002.

New Games Foundation. *The New Games Book*. Pella, IA: Main Street Books, 1976; New Games Foundation. *More New Games.* Pella, IA: Main Street Books, 2001.

Rollnick S, Miller WR. What is motivational interviewing? *Behavioural and Cognitive Psychotherapy* 1995;23:325-34.

Selverstone R. *Training Guide for Mental Health Professionals*. New York: Sex Information and Education Council for the United States (SIECUS), nd.

6. Journals

Xcellent. The journal of peer education in Scotland
Published by Fast Forward Positive Lifestyles Ltd., subscription: £10 per year
This journal, produced three times a year, promotes the development of peer education in the field of health, shares good practice, provides a forum for debate, and publicizes useful resources and forthcoming events such as training courses and networking opportunities. Order from: Fast Forward Positive Lifestyles Ltd., 4 Bernard Street, Edinburgh EH6 6PP, UK or by e-mail at: admin@fastforward.org.uk

7. Useful websites

http://www.advocatesforyouth.org/
Advocates for Youth deals with issues of young people's sexual and reproductive health internationally and provides information, training, and strategic assistance to youth-serving organizations, policy-makers, youth activists, and the media.

http://www.avert.org
AVERT is an international HIV/AIDS charity with useful statistics, information for youth, news, recent updates, and resources on homosexuality.

http://europeer.lu.se/index.1002---1.html
Europeer is Lund University's and the European Union's resource centre for youth peer education in Western Europe. It focuses on the health, development, and empowerment of young people.

http://www.fhi.org
Family Health International works on improving reproductive and family health around the world through biomedical and social science research, innovative health service delivery interventions, training, and information programmes.

http://www.goaskalice.columbia.edu
Columbia University sponsors this youth-friendly, funny, and educational question-and-answer Internet health education programme.

http://www.ippf.org
International Planned Parenthood Federation (IPPF) is the largest voluntary organization dealing with issues of sexual and reproductive health. It hopes to promote and establish the right of women and men to decide freely the number and spacing of their children and the right to the highest possible level of sexual and reproductive health.

http://www.iwannaknow.org
This is the American Social Health Association's sexual health information site for young people.

http://www.savethechildren.org.uk
Save the Children is the leading British charity working to create a better world for children. It works in 70 countries and helps children in the world's most impoverished communities.

http://www.siecus.org
The Sexuality Information and Education Council of the United States (SIECUS) promotes comprehensive sexuality education and advocates for the right of individuals to make responsible sexual choices.

http://www.teenwire.com
Planned Parenthood's sexual education site features many articles written by and for young people.

http://www.unaids.org
Joint United Nations Programme on HIV/AIDS (UNAIDS) brings together the efforts and resources of eight United Nations system organizations to help the world prevent new HIV infections, care for those already infected, and mitigate the impact of the HIV/AIDS epidemic.

http://www.unfpa.org
The United Nations Population Fund (UNFPA) supports developing countries, at their request, to improve access to and the quality of reproductive health care, particularly family planning, safe motherhood, and prevention of STIs, including HIV/AIDS.

http://www.unicef.org
The United Nations Children's Fund (UNICEF) works with partners around the world to promote the recognition and fulfillment of children's human rights. Within this site, go to *http://www.unicef.org/programme/lifeskills.html*, for extensive information on life skills-based education.

http://www.unodc.org/youthnet
The Global Youth Network is an initiative of the International Drug Control Programme of the United Nations Office on Drugs and Crime (UNODC). The Global Youth Network aims to increase youth involvement in developing drug abuse prevention policies and programmes.

http://www.youthclubs.org.uk
This British network supports and develops high-quality work and educational opportunities for all young people.

http://www.youthhiv.org/
YouthHIV, a project of Advocates for Youth, provides a website created by and for HIV-positive youth and HIV peer educators. The purpose is to provide a safe and effective website offering sexual and mental health information, community support, opportunities for advocacy, resources and referrals, and online peer education.

Materials were drawn from many sources. Many of the exercises in Section 2 were adapted from personal experiences, passed from one person to another over the years. For example, Robert Zielony adapted one exercise from colleagues Danny Keenan and Ron Henderson in San Francisco, California; Keenan taught many of those who developed this manual this exercise and trained many young people about HIV and AIDS before he died. Other exercises come from publications and organizations, many of which are listed in Annex 4.

Sources for exercises not mentioned elsewhere include: Stacy Block, Jane Bogart, Robert Eckert of Narcotic and Drug Research Incorporated, the High Risk Adolescent Project H-RAP Curriculum of Westover Consultants in Washington, DC, the Learning Institute for Functional Education (LIFE Institute), and Shira Piven in theatre training in New York, NY.

Similarly the handouts for participants were developed from various sources, including:

Handout 13. Adapted from Webb D. and Elliott L. *Learning to Live, Monitoring and Evaluating HIV/AIDS Programmes for Young People*. London: Save the Children, 2000.

Handout 16. Adapted from *Background Handout 2. From Youth Participation to Youth-Adult Partnerships*. In Marx M, Finger W, and Mahler H, eds. *Youth Participation Guide: Assessment, Planning, and Implementation.* Arlington, VA: Family Health International, 2005; Hart R. *Children's Participation: From Tokenism to Citizenship. Innocenti Essays No. 4*. Florence: UNICEF, 1992.

Handout 17. Adapted from *Background Handout 6. Challenges to Building Effective Youth-Adult Partnerships*. In Marx et al., eds.; National 4-H Council. *Creating Youth/Adult Partnerships: The Training Curricula for Youth, Adults, and Youth/Adult Teams*. Chevy Chase, MD: National 4-H Council, 1997.

Handbook 18. Adapted from *Section IV. Youth-Adult Partnership Training Curriculum*.
In Marx et al., eds.

Handout 19. Adapted from *Background Handout 3. Building Effective Youth-Adult Partnerships – Research Evidence and Program Summaries*. In Marx et al., eds.

Handout 20. Adapted from UNFPA, UNAIDS, World Bank, WHO, UNESCO, UNDCP, UNICEF, and Save the Children (UK). *Facts for Adolescents, The Right to Know Initiative*. 2005 version available at: *http://www.unicef.org/righttoknow/index_10facts.html.*

UNFPA

UNAIDS

WORLD HEALTH ORGANIZATION
EUROPE

fhi Family Health International

YouthNet
Partners in Reproductive Health and HIV Prevention

USAID
FROM THE AMERICAN PEOPLE